CalHHS

988-Crisis Policy Advisory Group

Meeting 3

April 24, 2024

ZOOM ETTIQUETE

Welcome

Virtual PAG Attendees

Le Ondra Clark Harvey, California Council of Community Behavioral Health

Dr. Stacie Freudenberg, The Trevor Project

Jeff Hebert, San Diego County Sheriff's Department

Keris Jän Myrick, Inseparable

Lee Ann Magoski, Monterey County

Rhyan Miller, Riverside County

Lan Nguyen, County of Santa Clara Behavioral Health Services

Miguel Serricchio, LSQ Group, LLC

Paul Troxel, California Governor's Office of Emergency Services (CalOES)

April 24 PAG Meeting Objectives

1. Policy Advisory Group members build trust and productive working relationships with each other and the project team.
2. The work of the Policy Advisory Group is grounded in the lived experiences of people using and/or working in the Crisis Care Continuum.
3. The Policy Advisory Group understands and helps to contextualize the early findings of the Comprehensive Assessment.
4. The Policy Advisory Group reviews, discusses, and prioritizes (near, medium, long term) recommendations emerging from Workgroup #2 – Statewide Standards and Guidance.
5. The Policy Advisory Group reviews, discusses, and prioritizes (near, medium, long term) recommendations emerging from Workgroup #3 – 988-911 Behavioral Health Crisis Care Continuum Integration.
6. Policy Advisory Group members understand the plan for Urban Indian and Tribal engagement.
7. The Policy Advisory Group and project team agree on and confirm action items and next steps.
8. The Policy Advisory Group hears public comment.

Public Comment Overview

- We will take comments in the order in which we receive sign-ups
- Sign-ups for public comment open at 12:30pm and close at 1:10pm
- If you are a member of the public attending in person and would like to comment, please sign up with Noah Evans
- If you are on Zoom and would like to make a public comment, please send a chat to Devon Schechinger starting at 12:30pm
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, there are two other ways to have your voice heard
  - You may email your written comment to the project email address: AB988Info@chhs.ca.gov
  - If you are on Zoom today, you may put your comment in a chat for Devon Schechinger. We will save the chat and add your comment to the meeting minutes.

April 24 PAG Agenda

10:00 Welcome

10:10 Personal Story

10:20 Recommendations Framework

10:25 Comprehensive Assessment

11:20 Break

11:30 Statewide Standards and Guidance

12:30 Lunch and Public Comment Sign-Up

1:10 988-911 Behavioral Health Crisis Care Continuum Integration

2:20 Update on Stakeholder Engagement

2:25 Plan for Urban Indian and Tribal Engagement

2:35 Public Comment Period

3:00 Adjourn

Personal Story

Scott Perryman

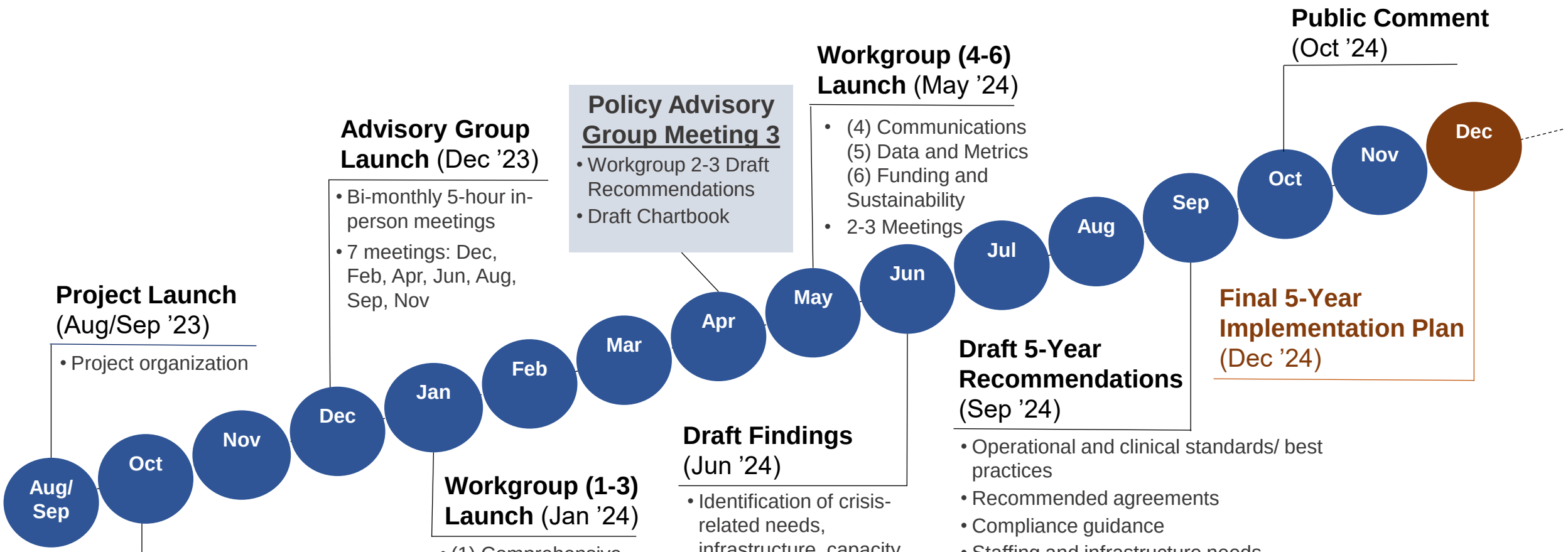
Sacramento Fire Department Battalion Chief

Recommendations Framework

Desired Outcomes of the Future CA Crisis System: PAG and Workgroup Input

The Future State… (Adapted from the CCC-P)	Characterized by…
Consistent statewide access	▪ Increased capacity, affordability, and range of services ▪ Connecting people in crisis to immediate and ongoing care
High quality services	▪ An array of essential crisis services across the continuum ▪ A comprehensive strategy for data measurement and quality of care that is inclusive of all populations and geographies
Coordination across and outside the continuum	▪ Offering the least restrictive responses to crisis ▪ Robust formal and informal community-based partnerships
Serves the needs of *all* Californians	▪ Services that are culturally and linguistically responsive ▪ Services that are person- and family-centered ▪ Services are delivered regardless of insurance/payer source

Key Milestones



Project Launch (Aug/Sep ’23)

- Project organization

Form Advisory Group and Workgroups (Oct ’23)

- Outreach to stakeholders and recruitment of members

Advisory Group Launch (Dec ’23)

- Bi-monthly 5-hour in-person meetings
- 7 meetings: Dec, Feb, Apr, Jun, Aug, Sep, Nov

Workgroup (1-3) Launch (Jan ’24)

- (1) Comprehensive Assessment, (2) Standards and Guidance, and (3) Integration
- 4 meetings

Policy Advisory Group Meeting 3

- Workgroup 2-3 Draft Recommendations
- Draft Chartbook

Draft Findings (Jun ’24)

- Identification of crisis-related needs, infrastructure, capacity and gaps

Workgroup (4-6) Launch (May ’24)

- (4) Communications (5) Data and Metrics (6) Funding and Sustainability
- 2-3 Meetings

Draft 5-Year Recommendations (Sep ’24)

- Operational and clinical standards/ best practices
- Recommended agreements
- Compliance guidance
- Staffing and infrastructure needs
- Policy and resource recommendations
- Communication strategies
- Community Engagement Report

Public Comment (Oct ’24)

Final 5-Year Implementation Plan (Dec ’24)

PAG Meeting Schedule

#	Topics	Date
1	• Orientation to the Process and Workgroups • Relationship Building	12/13/23
2	• Grounding in CCCP and Comprehensive Assessment Approach • Breakouts on Access, Equity, Coordination	2/7/24
3	• Information/recommendations from Workgroups 1, 2, 3	4/24/24
4	• Discussion of data, goals and metrics • Continued discussion of emerging recommendations	6/26/24
5	• Review information/recommendations from workgroups 4, 5, 6, and Peers	8/14/24
6	• Review draft 5-year implementation plan	9/18/24
	PUBLIC COMMENT PERIOD	10/1-30/24
7	Final Advisory Meeting and review of the Plan	11/20/24

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

Peers
[Added Apr-24]

Five-year Implementation Plan for a Comprehensive 988 System

To include…

- Executive Summary
- Background
- Introduction
- Comprehensive Assessment (Key Findings)
- Recommendations to support a Five-year Implementation Plan
- Conclusion
- Appendix
  - Glossary
  - Findings from the Comprehensive Assessment
  - Data Dashboard
  - Community Engagement Report
  - Annual Report Template

Five-year Implementation Plan: Key Terms

- **GOAL**: A description of what we hope to achieve
- **RECOMMENDATIONS**: A description of how we will organize our work in service of a given goal (what, when, who)
  - *Note: The five-year time horizon recognizes that change does not happen overnight.*
  - *Year 1 recommendations will begin July 2025 and Year 5 will end June 2030.*
- **OUTPUTS**: How much did we do? How well did we do it?
- **OUTCOMES:** What changed as a result of our efforts?

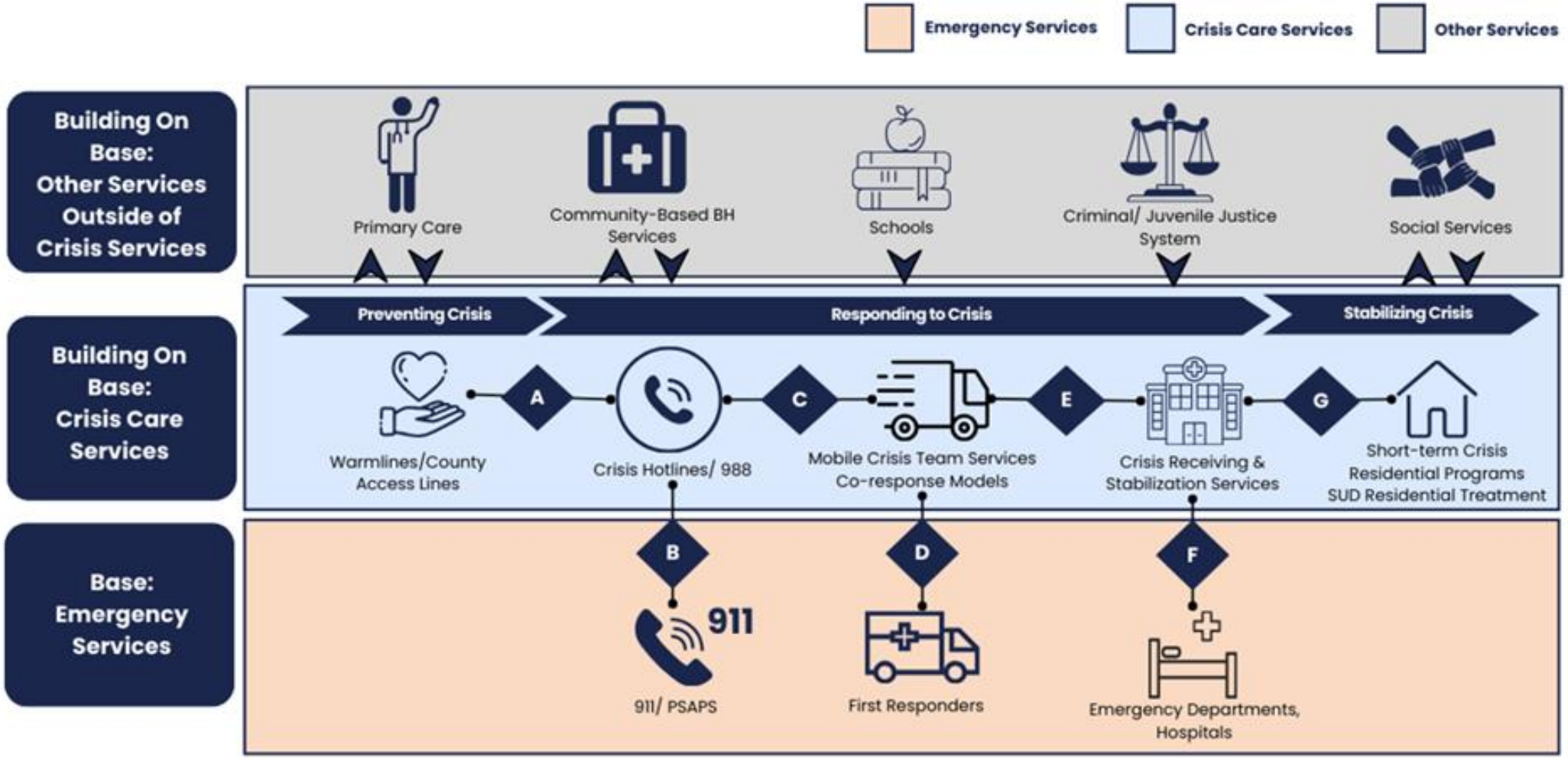
Five-year Implementation Plan: Organizing Framework

Pillars:

A. Public Awareness and Messaging	B. 988 Statewide Access	C. 988 Operational and Training Standards	D. 988 and 911 Coordination	E. 988 and Continuum of Services
Increase public awareness and consistent messaging regarding 988 and behavioral health crisis services.	Establish the 988 technological infrastructure, to support statewide access, 24 hours per day, seven days per week	Ensure that the workforce and training are in place at 988 Crisis Centers to serve the needs of all California.	Achieve coordination between and across 911 and 988 to offer the least restrictive response to crisis.	Achieve coordination between 988 and the full continuum of behavioral health crisis services.

Equity, Funding, Resources, Metrics and Monitoring

Behavioral Health Crisis Continuum: Transitions in Crisis Care (non-exhaustive) (1)



Adapted from the California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 25

Workgroup 1: Comprehensive Assessment

Workgroup #1 Comprehensive Assessment of BH Crisis Services (1)

Function

- Identify gaps in the assessments that exist
- Conduct stakeholder engagement to better understand the gap areas
- Serve as a companion to existing assessments

Deliverables

- Chartbook
- Within the Five-year Implementation Plan
  - (Body of the plan) Summary narrative
  - (Appendix) Longer narrative to provide a data-based foundation for the recommendations

AB 988: Comprehensive Assessment of BH 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.

AB 988, Miles Hall Lifeline and Suicide Prevention Act

Workgroup #1 Members

Co-Chair, Phebe Bell, Nevada County Behavioral Health

Co-Chair, Chad Costello, California Association of Social Rehabilitation Agencies (CASRA)

Aimee Moulin, Department of Emergency Medicine and Department of Psychiatry, UC Davis

Alice Gleghorn, Phoenix House of California

Andrew Holcomb, EMS Administrator, San Francisco

Anete Millers, California Association of Health Plans (CAHP)

Astin Williams, Health Access California

Christina Ramirez, SHIELDS for Families

Corinne Kamerman, California Department of Health Care Services (DHCS)

Darrell Hamilton, Kings View 988

Don Taylor, Pacific Clinics

Elizabeth Basnett, California Emergency Medical Services Authority (EMSA) (Delegate - Brian Aiello)

Erika Cristo, California Department of Health Care Services (DHCS)

Ivan Bhardwaj, California Department of Health Care Services (DHCS)

Javon Kemp, Kern Behavioral Health and Recovery Services

Jennifer Oliphant, Two Feathers Native American Family Services

Jessica Jimenez, California Department of Public Health (CDPH)

Jodi Nerrell, Local Mental Health Engagement, Mental Health & Addiction Care, Sutter Health

Kelsey Andrews, Star Vista Center

Kenna Chic, California Health Care Foundation

Kirsten Barlow, California Hospital Association

Le Ondra Clark Harvey, California Council of Community Behavioral Health Agencies (CBHA) (Delegate – Courtnie Thomas)

Lishaun Francis, Children NOW

Mark Salazar, Mental Health America (MHA)

Maurice Lee, Center Point, Inc

Miguel Serricchio, LSQ Group, LLC

Scott Perryman, Sacramento Fire Department

Sonia Hwang, California Department of Public Health (CDPH)

Tara Gamboa-Eastman, Steinberg Institute

Tasnim Khan, Western Health Advantage

Taun Hall, The Miles Hall Foundation

Uma Zykfosky, California Behavioral Health Planning Council (CBHPC)

Workgroup #1 Reflections (Phebe Bell and Chad Costello, Co-Chairs) (1)

- Despite efforts, we currently lack a comprehensive, accessible statewide BH crisis care continuum
  - Crisis Care Continuum Plan presents a broad vision for desired crisis system
  - Services vary based on payor source and geography
  - Significant investments made by the State to build local and county level crisis care service capacity
  - Parity between commercial health insurance and Medi-Cal for coverage of BH crisis services needed in a comprehensive crisis system
- Workgroup emphasized a “someone to contact, someone to respond, and somewhere safe to go" in Comprehensive Assessment
  - Caution regarding measuring crisis system performance and interpreting higher utilization of crisis-related programs and recognition of importance of prevention
- Comprehensive Assessment aims to improve understanding of individual experiences within BH crisis service continuum and suggest enhancements
  - We understand demographic disparities in suicide risk, self-harm rates, BH-related ED visits, and hospitalizations evident, but less insights into underserved groups' access to BH crisis services and consumer experience, and outcomes

Workgroup #1 Reflections (Phebe Bell and Chad Costello, Co-Chairs) (2)

Someone to Contact:

- High call volume and response rates in California 988 crisis centers, improving access to BH resources
- County crisis lines and other warm and hotlines also are a critical part of the current crisis system but we have less insight into their current utilization

Someone to Respond:

- County BH departments implementing 24/7 mobile crisis services to minimize law enforcement involvement, but most teams are still in the start-up phase
- Many non-Medi-Cal crisis response models like city/local EMT, fire department, peer response teams, in-home outreach, telehealth, street medicine but there is no central repository of information.

Somewhere Safe to Go:

- Crisis stabilization occurs in various settings (EDs, CSU, respite, inpatient, etc)
- Overuse of higher levels of care due to limited alternatives, extended lengths of stay creates bottlenecks and inflated demand at acute levels w/ limited step-down options
- More diversion and step-down options coupled with quality discharge planning could decrease crisis demand

Workgroup #1 Comprehensive Assessment of BH Crisis Services (2)

Table Discussion Questions

1. What—if any—of the early findings were interesting and/or unexpected and why?
2. What else would you want to know and why?
3. Based on your experience, what—if any—of the data in the chartbook requires more context to be fully understood and used to inform decision-making?
4. To what degree did we meet the requirements of AB988? What was done well? What needs improvement?

Break

Workgroups #2 and #3: Policy Advisory Group Review of Draft Recommendations (1)

The PAG will review recommendations emerging from the workgroup discussions from January – March 2024. As we progress through our process, including subsequent workgroup meetings, we will include added detail (e.g., delineation of roles, timeline, etc.).

Preview of Table Discussions

1. When we reflect on our desired outcomes for a comprehensive 988 system, which of these recommendations move the needle and why?
2. How would you sequence the recommendations?
   - Near-term?
   - Medium-term?
   - Long-term?

Additional Context for Reviewing Early Recommendations (1)

- These represent early recommendations surfaced through our 12 Workgroup engagements and informed by what we're learning in the assessment
- We are looking to the PAG for input (e.g., what we might confirm, change, prioritize, or build out further)
- The five-year timeframe for the Implementation Plan recognizes that operationalizing recommendations will take time
- Notably, some of the recommendations are foundational and build on things that are already happening while others are more aspirational, and may take longer for us to realize
- Activities will be sequenced to continue our progress toward a crisis system that meets the needs of *all* Californians, while maintaining what's working right now in the system

Workgroup 2: Statewide Standards and Guidance

Workgroup #2 Statewide 988 Standards and Guidance

AB 988 Required Recommendations	How It's Being Addressed
(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.	SAMHSA released its updated 988 quality plan this month (previous guidelines from 2020)
(2) Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.	State is working with the 988 Lifeline Administrator (Vibrant) and SAMHSA Vibrant released its draft updated Network Agreement for 988 Crisis Centers this month
(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	Focus of Workgroup 2
(5) Compliance with state technology requirements or guidelines for the operation of 988	CalOES is working on a state-based platform and other AB 988 requirements for 988-911 interoperability CalHHS, DHCS, CalOES have been discussing state requirements/guidelines.

Workgroup #2 Members

- **Co-Chair: Brenda Grealish**, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Co-Chair: Lei Portugal Calloway**, Telecare Corporation
- **Alec Smith**, Department of Health Care Services (DHCS)
- **Andrew Holcomb,** Emergency Medical Services Administrators' Association of California (EMSAAC)
- **Angela Vazquez**, The Children's Partnership
- **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)
- **Diana Gutierrez**, Riverside University Health System (RUHS) Behavioral Health
- **Elizabeth Whitteker**, Molina Healthcare
- **Ivy Song**, University of California Davis
- **Karla Luna**, Kings View 988 Center
- **Kenna Chic,** California Health Care Foundation
- **Liseanne Wick**, WellSpace Health
- **Mayu Iwatani**, Orange County Department of Education
- **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
- **Susan Demarois**, Department of Aging (Delegate - Stephanie Blake)
- **Tara Gamboa-Eastman**, The Steinberg Institute
- **Van Hedwall**, San Francisco Suicide Prevention/Felton Institute
- **Yolanda Cruz**, State Council on Developmental Disabilities

Workgroup #2 Reflections (Lei Portugal Calloway and Brenda Grealish) (1)

- The existing 988 system is built upon the National Suicide Prevention Lifeline. AB988 provides a stable source of funding to enable California to extend its focus beyond the national network. Workgroup 2 was tasked with considering the kinds of statewide, minimum standards to realize this broader vision of a comprehensive 988 system
- The workgroup expressed the desire that the state leverage best practices and existing research to inform system design
- 988 is intended to serve as the initial triage point, with crisis counselors having the awareness to connect people to the right care at right time
  - Discussed crises that may present with problematic behaviors, but the services needed may lie outside of the current BH system (i.e., mental health and substance use disorder)
  - Highlighted the need to better understand the expectations of 988 crisis centers and related accountability/oversight mechanisms
- The workgroup explored competencies that may be expected – e.g., SUD, physical health, IDD, and non-crisis mental health – and the potential skills, trainings, outcomes, and resources that would support success. The workgroup discussed overlapping approaches across these areas (e.g., basic knowledge about various conditions, what to ask/look out for, and how to refer/connect)
  - There was agreement around the need for more standardization across 988 crisis centers
  - The group acknowledged the need for 988 crisis counselors to be able to assess imminent risks, while still staying within their scope

Workgroup #2 Reflections (Lei Portugal Calloway and Brenda Grealish) (2)

- The workgroup discussed the need to embed culturally-informed approaches into this work; this may involve supplementing core training curricula with tailored information and resources

- The workgroup also discussed the need for ongoing engagement of individuals with lived experience (note: in addition to caregivers/organizations)
  - Note: CalHHS is convening a Peer Workgroup, which will meet in June and August

- The workgroup started to coalesce around potential sequencing of activities over the five-year Implementation Plan time horizon:
  - Year 1 activities could include readiness assessment to understand 988 crisis center's current competencies in triaging behavioral needs and referring to appropriate services for mental health, physical health, SUD, intellectual/developmental disorders, etc. Year 1 could also focus on researching best practices and engaging individuals with lived experience and other experts, as well as defining the accountability structures.
  - Years 2 – 3 could include the development and implementation of protocols, policies, and outcome measures.
  - Years 4 – 5 could focus on assessing early results and implementing a quality improvement process cycle.

Workgroup #2 Statewide 988 Standards and Guidance – Draft Recommendations

C. 988 Operational and Training Standards

Ensure that the workforce and training are in place at 988 Crisis Centers to serve the needs of all California

1) Define current and future scope for 988 Crisis Centers
- Clearly outline the immediate and longer-term responsibilities of 988 Crisis Centers
- Delineate the type of crises to be addressed by 988 Crisis Centers, including suicide, mental health crises, and substance use-related crises

2) Develop minimum standards for comprehensive training requirements and guidance for 988 Crisis Counselors
- Establish training standards and tools aligned with federal and national administrator standards, tailored to the diverse needs of California callers.
- Emphasize trauma-informed care, cultural competency and person-centered approaches
- Establish training standards to support individuals with Intellectual and Developmental Disabilities
- Guidance to assess-the level of risk and urgency associated with different types of crises (including when to engage EMS and/or law enforcement)

3) Establish minimum qualification requirements for Crisis Counselors consistent with the future scope for 988 Crisis Centers

4) Establish systems for the oversight and monitoring of 988 Crisis Centers

Workgroups #2: Policy Advisory Group Review of Draft Recommendations

Table Discussions

1. When we reflect on our desired outcomes for a comprehensive 988 system, which of these recommendations move the needle and why?
2. How would you sequence the recommendations?
   - Near-term?
   - Medium-term?
   - Long-term?

Lunch and Public Comment Sign Up

Breakouts will begin at 1:10PM

Public Comment Sign Up

- Members of the public who would like to make a public comment at the end of the meeting may sign up at this time
- Visit the welcome desk where you can sign up with Noah Evans. If you are participating remotely, you may send your request to Devon Schechinger.
- We will note the time you signed up and call names in the order in which we received the sign ups.
- 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
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  - If you are on Zoom today, you may put your comment in a chat for Devin Schechinger. We will save the chat and add your comment to the meeting minutes.

Workgroups #2 and #3: Policy Advisory Group Review of Draft Recommendations (2)

The PAG will review recommendations emerging from the workgroup discussions from January – March 2024. As we progress through our process, including subsequent workgroup meetings, we will include added detail (e.g., delineation of roles, timeline, etc.).

Preview of Table Discussions

1. When we reflect on our desired outcomes for a comprehensive 988 system, which of these recommendations move the needle and why?
2. How would you sequence the recommendations?
   - Near-term?
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   - Long-term?

Additional Context for Reviewing Early Recommendations (2)

- These represent early recommendations surfaced through our 12 Workgroup engagements and informed by what we're learning in the assessment
- We are looking to the PAG for input (e.g., what we might confirm, change, prioritize, or build out further)
- The five-year timeframe for the Implementation Plan recognizes that operationalizing recommendations will take time
- Notably, some of the recommendations are foundational and build on things that are already happening while others are more aspirational, and may take longer for us to realize
- Activities will be sequenced to continue our progress toward a crisis system that meets the needs of *all* Californians, while maintaining what's working right now in the system

Workgroup 3: 988-911 BH Crisis Care Continuum Integration

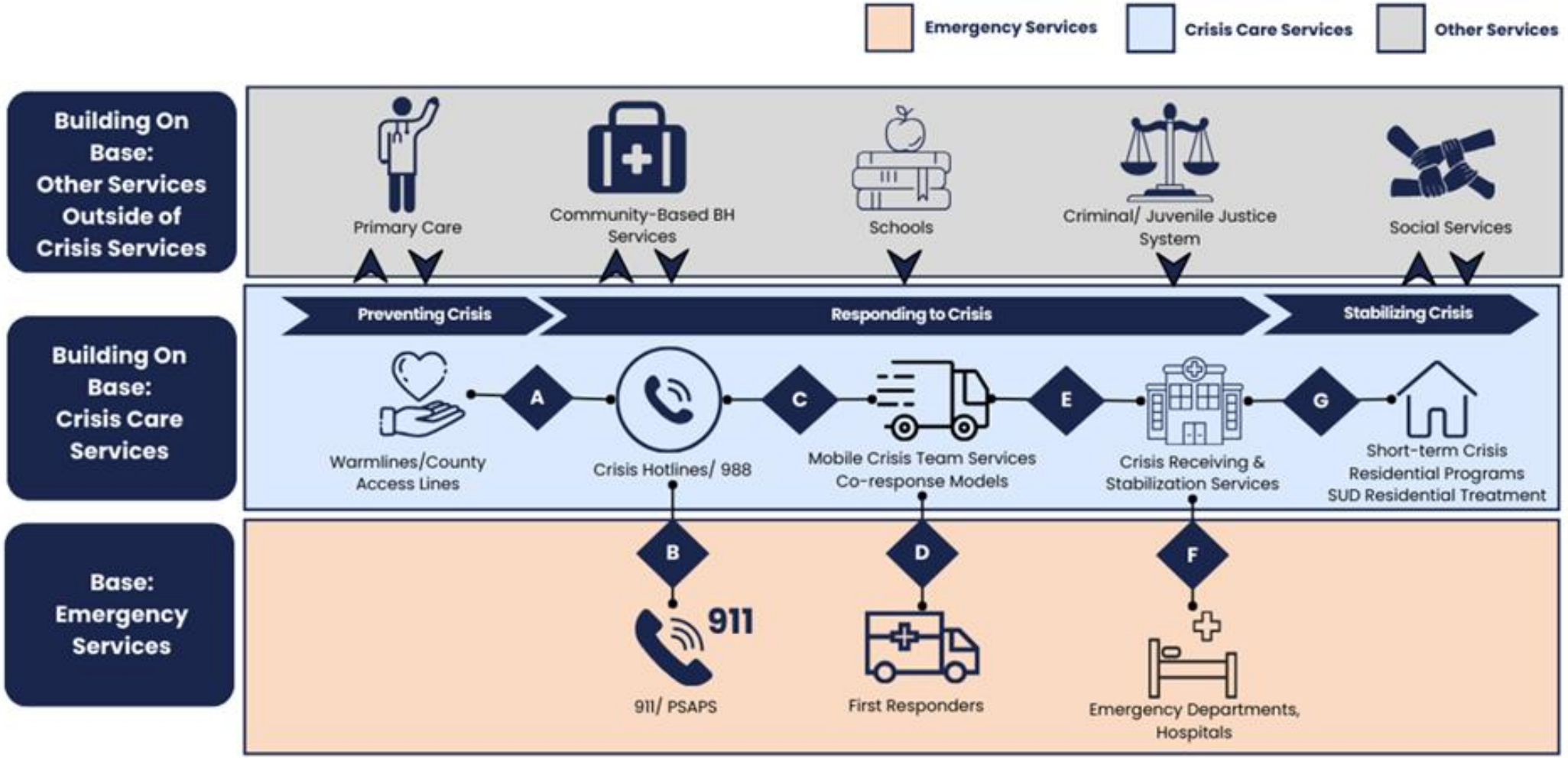
Workgroup #3 988-911 BH Crisis Care Continuum Integration

AB 988 Required Recommendations	How It's Being Addressed
(6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.	• CalOES Technical Advisory Board • Workgroup 3
(7) Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services	• All Workgroups
(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

Workgroup #3 Members

- **Co-Chair, Lan Nguyen,** County of Santa Clara Behavioral Health Services
- **Co-Chair, Doug Subers,** California Professional Firefighters
- **Andrew Holcomb,** EMS Administrator, San Francisco
- **Angela Kranz**, California Department of Public Health (CDPH)
- **Ben Conway,** California Department of Justice
- **Casey Heinzen,** Department of Health Care Services (DHCS)
- **Christine Gephart**, Department of Developmental Services
- **Connie Moreno-Peraza,** Department of Behavioral Health Services of Napa County
- **Corinne Kamerman**, Department of Health Care Services (DHCS)
- **Elena Lopez-Gusman**, California American College of Emergency Physicians (ACEP)
- **Elizabeth Basnett,** California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon,** California Emergency Medical Services Authority (EMSA)
- **Jana Lord,** Sycamores
- **Jacqueline Alvarez,** California Community Colleges
- **Jessica Cruz,** NAMI
- **Keris Jän Myrick,** Inseparable
- **Kim Lewis,** National Health Law Program (NHELP)
- **Le Ondra Clark Harvey,** California Council of Community Behavioral Health Agencies (CBHA)
- **Lee Ann Magoski,** County of Monterey, Emergency Communications 9-1-1
- **Melissa Lawton,** Seneca Family of Agencies
- **Michael Tabak**, San Mateo Sheriff's Office
- **Paul Rains,** Common Spirits
- **Peter Stoll**, Humboldt County Office of Education
- **Rebecca Neusteter**, University of Chicago Health Lab
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Dr. Stacie Freudenbeg,** Sr. Clinical Director**,** The Trevor Project
- **Stephen Sparling,** CalYouth
- **Stephanie Welch,** California Health and Human Services Agency (CalHHS)
- **Tara Gamboa-Eastman,** Steinberg Institute
- **Victoria Kelly,** Redwood Community Services

Behavioral Health Crisis Continuum: Transitions in Crisis Care (non-exhaustive) (2)



Adapted from the California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 25

Workgroup #3 Reflections (Lan Nguyen and Doug Subers, Co-Chairs) (1)

- Our approach needs to account for different calls (MH and SUD) and callers (first, second- and third-party callers)
- Efforts to advance coordination across the continuum need to account for…
  - The many options for routing services and multiple intersections points
  - Variation by geography and by population
  - Identifying and building upon the existing public agency system, including county BH and EMS
  - Leveraging and growing the capacity of local, trusted community-based organizations (CBOs)
  - Minimizing the number of times a person is asked to share the same information
- There was interest in statewide minimum standards that allow for regional variation and flexibility
  - Look to existing models – e.g., EMSA and Local EMS Agencies – as examples of state and localized responses
  - Consider the value of sequential intercept mapping to plan the local behavioral health continuum
- In-person response should be used sparingly, and that de-escalation and stabilization are the goal
- Minimum standards should address such areas as:
  - What warrants a warm hand-offs (whether in-person, telephonic)
  - What warrants an in-person response
  - What warrants co-response from law enforcement
  - When to engage emergency medical response

Workgroup #3 Reflections (Lan Nguyen and Doug Subers, Co-Chairs) (2)

- In thinking about coordination between 911 and 988, it is important to acknowledge – and design for – the different premises of each system:
  - Someone calling 911 typically expects a physical response; for 988, at least historically, the caller is looking for a relational response
  - A call to 988 could be at the end of a string of failed attempts to find human connection and may require more time; a call to 911 needs to be efficient and more immediate
  - If there is any question on physical health response, should err on the side of response (this can be different from BH)
- The workgroup raised several considerations related to policy recommendations; in some cases, further exploration will fall outside the timeline of the development of this implementation plan (e.g., triage to alternate destinations)
- Workgroup members provided input on potential metrics and questions related to funding and sustainability; these comments were noted and will be brought to Workgroups 4-6 for discussion

Workgroup 3 will meet for a final time on July 30; in the breakout discussions, please flag any topics or questions that we should address at that meeting

Workgroup #3: 988-911 BH Crisis Care Continuum Integration (1)

E. 988 and Continuum of Services

Achieve coordination between 988 and the full continuum of behavioral health crisis services.

1. Promote and facilitate collaboration and coordination of state, county and local implementation partners to connect individuals in behavioral health crises to in-person response when needed.
2. Develop minimum standards for streamlined transfers, including mobile crisis and transfers to follow-up care.
3. Leverage, build out and maintain local and state resource compendiums to support connection to trusted community resources.
4. Establish policies for Emergency Medical Services to triage and transport individuals in crisis to alternate destinations based on predefined criteria.
5. Establish protocols for assessing the need for warm hand-offs between crisis centers, contract providers, and first responders across the continuum.
6. Foster information exchanges between implementation partners to ensure continuity of care and reduce administrative burden on individuals seeking help.
7. Monitor response times and follow up to ensure promote information sharing among responders.

Workgroup #3: 988-911 BH Crisis Care Continuum Integration (2)

Table Discussions

1. When we reflect on our desired outcomes for a comprehensive 988 system, which of these recommendations move the needle and why?
2. How would you sequence the recommendations?
   - Near-term?
   - Medium-term?
   - Long-term?

Update on Community Engagement

Additional Engagement of Populations of Focus

- In parallel with ongoing engagement with state and county agencies, 988 crisis centers, contracted behavioral health providers, hospitals, first responders, and crisis relevant providers, we are engaging individuals with lived experience/impacted by suicide, family members, and other populations of focus:
  - Children and Youth (LGBTQ+ youth and System-impacted youth)
  - Older adults
  - Veterans
  - Individuals with specific language needs, intellectual and/or developmental disabilities (IDD) or who are deaf or hard of hearing
  - Black, indigenous, and people of color (BIPOC)
  - Urban Indian and Tribal communities
- Methods: key informant interviews, focus groups, and in-reach events
- Questionnaire to (1) gather perspectives and (2) gather participant information to organize a series (6-8) focus groups

Plan for Urban Indian and Tribal Engagement

Holly Echo-Hawk, Senior Behavioral Health Advisor, Kauffman and Associates

Kauffman and Associates Incorporated

KAUFFMAN

AND ASSOCIATES INCORPORATED

We Do Work That Matters

Tribal and Urban Indian Engagement Plan: Key Information for 5-Year Implementation Plan

Holly Echo-Hawk, Senior Behavioral Health Advisor
Kauffman and Associates, Inc.

988-Crisis Policy Advisory Group
Sacramento - April 24, 2024

California has Tremendous Opportunity to “Get it Right”

Miles Hall Lifeline Act
AB 988

CalHHS Behavioral Health Crisis Care Continuum

Native and Strong
Washington State Crisis Line developed by and for Indigenous People

Special Population Behavioral Health Expertise

NASMHPD
988 Convening Playbook

California Tribal and Urban Indian Populations

- California: largest population of Native people in United Sates
  - 723,225 American Indians of sole and mixed race
  - Nearly 90% live in urban areas
  - 10 urban Indian population centers

- California:
  - 109 federally recognized tribes
  - 60 non-federally recognized tribes
  - 100 separate reservations or rancherias

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Federally Recognized Tribes

- Federally recognized tribes are sovereign and self-governing nations (nations within the U.S. nation)

- CalHHS Tribal Consultation Policy: Facilitate effective government-to-government consultation between the CalHHS and sovereign California federally-recognized tribes to:

    1. Encourage **tribes to provide meaningful input** into the development of regulations, rules and policies that may affect tribal communities, and

    2. Promote **opportunities for state departments to learn from tribal program experience** and results to inform program operations and policy development statewide and in non-tribal populations

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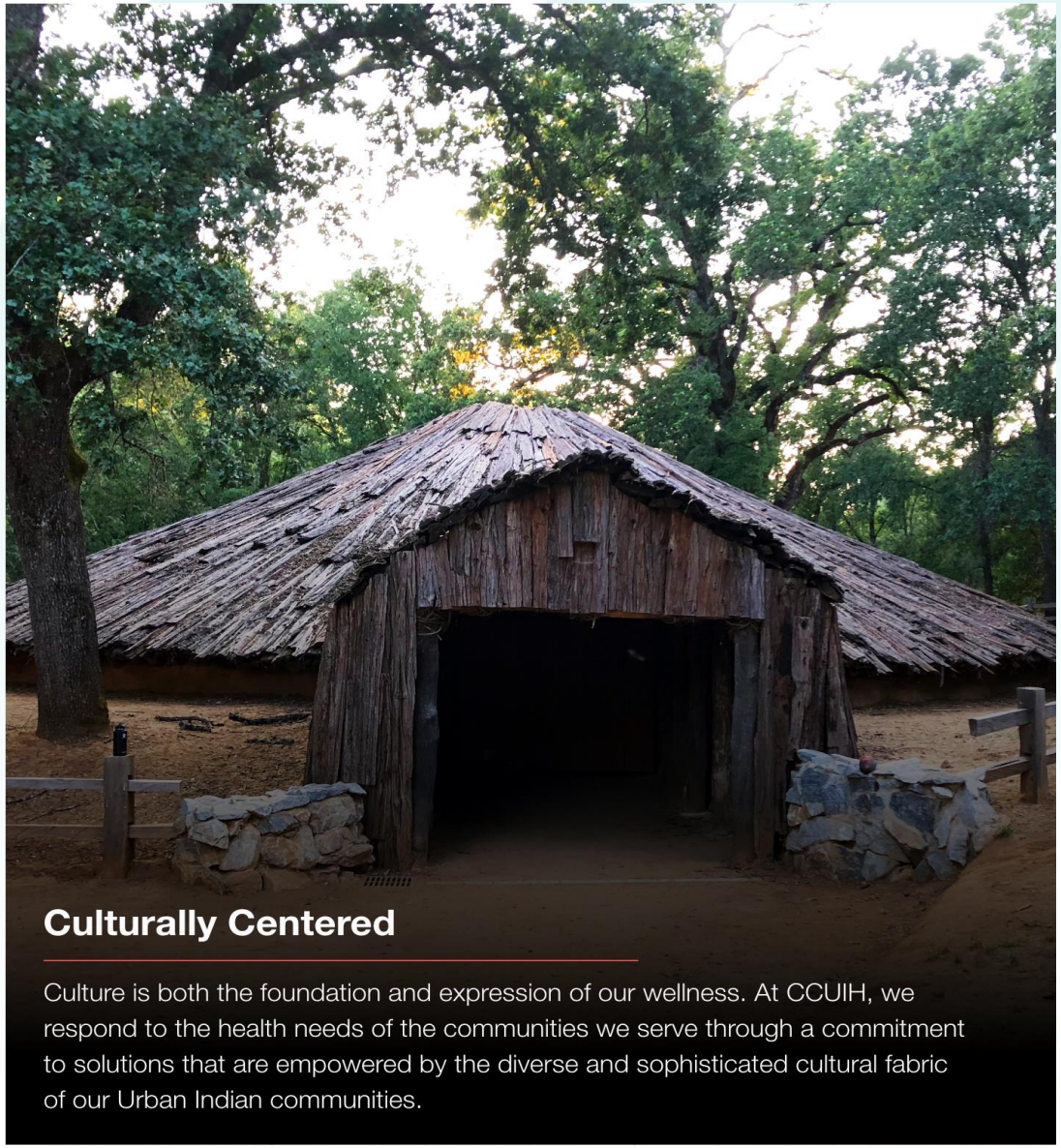
Great Diversity of Tribes across California

Tribes in California (1)

Tribes in California (2)

California Tribal Strengths

- Indigenous cultures as foundation wellness and behavioral health approaches
- Culture and language key to effective messaging and engagement



Source: DHCS TMAT Project

California Tribal Disparities

- Highest increase in age-adjusted suicide rates from 2011 to 2020
- Largest increase in student depression, anxiety, suicidal ideation, and meeting criteria for one or more mental health problems, including substance misuse
- Access to crisis care constrained by insufficient health insurance coverage or poor access to crisis care on tribal lands

Source: CalHHS BH Crisis Continuum

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Tribal and Urban Indian Engagement Strategies

Medicine Lake – Modoc National Forest

Native Engagement Strategy: Partnerships Essential

“Tribal 988 Team”

- Kauffman and Associates, Inc.
- California Rural Indian Health Board (CRIHB)
- California Consortium for Urban Indian Health (CCUIH)
- Native Dads Network (NDN)

Tribal and Urban Indian Stakeholders

- ✓ Tribal CCMUs (e.g., Pala Band Healing Hearts Mobile Crisis Team)
- ✓ Tribal Behavioral Health
- ✓ Tribal Housing
- ✓ Tribal Elders and Tribal Youth

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Native Engagement Strategy: Regional-Grassroots Focus Groups

- Follow up to Tribal 988 Summits
- Three regional focus groups before August 2024
- Overarching goal of Native focus groups: Voices and Perspectives of Native End Users

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For More Information

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Voice: (360) 737-4747

Rochelle Williams (effective May 6, 2024)
Tribal 988 Team Lead
Kauffman and Associates, Inc.
Rochelle.Williams@kauffmaninc.com

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Action Items and Next Steps

Upcoming PAG Meetings

#	Meeting Dates (10am-3pm)	Location
4	June 26, 2024	In-Person, The California Endowment, Sacramento
5	August 14, 2024	In-Person, California Community Foundation, Los Angeles
6	September 18, 2024	In-Person, Allenby Building, Sacramento
7	November 20, 2024	In-Person, Allenby Building, Sacramento

988-Crisis Workgroups Dates and Times (1)

Workgroup 3: 988-911 BH-CCC Integration

- Tuesday, July 30, 1-3PM (*Additional meeting*)

Workgroup 4:

- Thursday, May 23, 1-3PM
- Thursday, June 13, 1-3PM

Workgroup 5:

- Friday, May 17, 1-3PM
- Wednesday July 31, 1-3PM

Workgroup 6:

- Thursday, May 30, 12-2PM
- Monday, July 29,1-3PM
- August (date TBD)

Workgroup: Peers *(Note: Additional Workgroup as of Apr-24)*

- Tuesday, June 11, 11AM-1PM
- Tuesday, August 6, 1-3PM

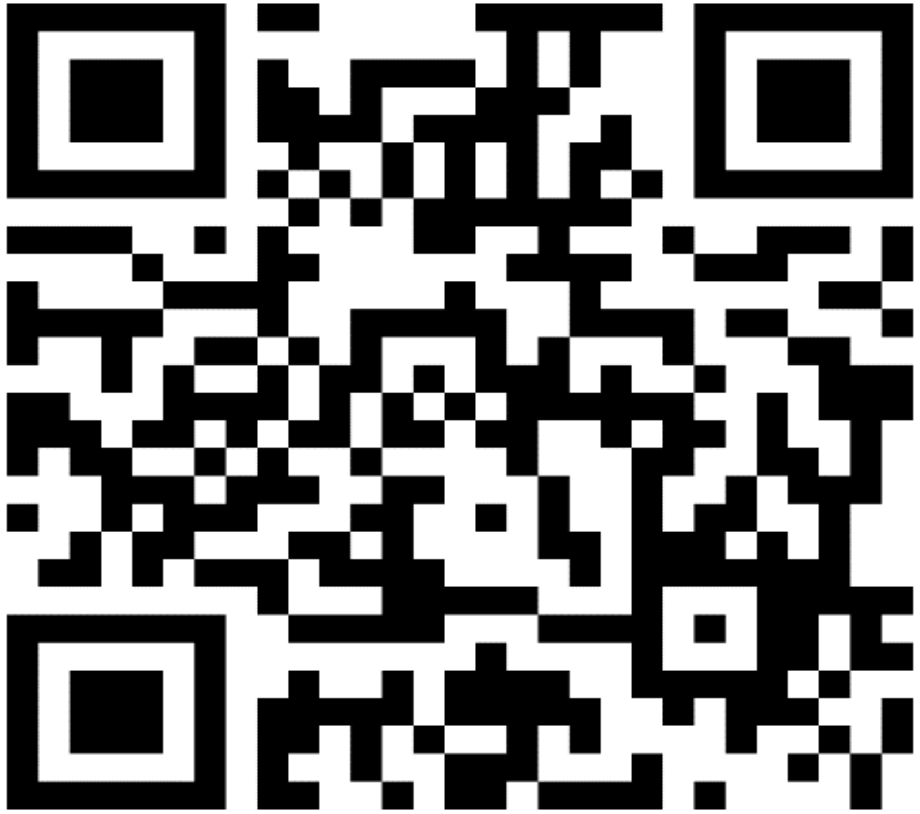
988-Crisis Workgroups Dates and Times (2)

Workgroup Interest Forms are available on your tables. Note the following PAG members sign ups from winter 2024

4. Communications	5. Data and Metrics	6. Funding and Sustainability	Peers
Kenna Chic	Kirsten Barlow	Kirsten Barlow	Lei Calloway
Tara Gamboa -Eastman	Rebecca Bauer-Kahan	Ryan Banks	Kenna Chic
Ashley Mills	Erica Cristo	John Boyd	Keris Myrick
Miguel Serrichio	Tara Gamboa–Eastman	Tara Gamboa -Eastman	
	Dr Stacie Freudenberg	Curt Guillot (*Delegate for Budge Currier*)	
	Robb Layne	Amanda Levy	
	Paul Troxel (*Delegate for Budge Currier*)	Anete Millers	
		Christine Stoner-Mertz	
		Stephanie Welch	

PAG Meeting 3 Evaluation Form

Please share your input!



Public Comment Period

Relevant Resources from the Meeting

UCSF Evaluation of AB 1544, October 2023
https://emsa.ca.gov/wp-content/uploads/sites/71/2023/10/CA-CP-State-Legislature-Report-Oct-6.pdf

CalHHS Behavioral Health Crisis Care Continuum Plan, May 2023
https://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf

Saving Lives in America: 988 Quality and Services Plan, April 2024
https://www.samhsa.gov/sites/default/files/saving-lives-american-988-quality-service-plan.pdf

AB988 in Code
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=2.&title=5.&part=1.&chapter=1.&article=6.3.

AB988 Policy Advisory Group Website (contains general resources, workgroup and Policy Advisory Group meeting summaries, presentations, recordings)
https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/

To be added to the AB988 mailing list or if you have questions or comments please email: AB988Info@chhs.ca.gov

Adjourn