



Workgroup 4: Communication

Meeting 1 of 2
May 23, 2024

Webinar: Panelist View

The screenshot displays a Zoom Webinar interface in Panelist View. At the top, a horizontal row of six participant thumbnails is shown, each with a unique background color (cyan, purple, lime green, orange, purple, lime green) and a white person icon. Below this, a larger grid of four thumbnails is visible, arranged in two rows and two columns, with colors (orange, purple, lime green, cyan) and white person icons. The bottom of the screen features a control bar with icons for Unmute, Start Video, Participants (9), Chat, Share Screen, Record, Show Captions, Raise Hand, Apps, and Whiteboards. A 'Leave' button is located in the bottom right corner. On the right side, a 'Webinar Chat' window is open, showing a message from 'Betsy Uhrman to Hosts and panelists' that says 'Hello'. The chat window also includes a 'Who can see your messages?' dropdown set to 'Recording On' and a 'Type message here...' input field. Two red arrows point upwards from the bottom left towards the 'Unmute' and 'Start Video' icons in the control bar.



- Workgroup members will be able to utilize the chat function throughout the meeting. Chat messages will be captured in the public meeting summary.
- Workgroup members will be asked to use the "raise hand" function when you would like to speak.

Agenda

1. Introductions and review session objectives (5 mins)
2. Workgroup level setting and data/research overview (25)
3. Discuss effective messaging, forums, and voices/spokespeople (60 mins)
4. Public comment period (20 mins)
5. Next steps (5 mins)

Workgroup 4 (Communications) Members

- **Co-chair - Ashley Mills**, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- **Co-chair - Kenna Chic**, Former President of Project Lighthouse, California Health Care Foundation
- **Adrienne Shilton**, VP of Public Policy and Strategy, California Alliance of Child and Family Services
- **Angela Vasquez**, Policy Director, The Children's Partnership
- **Ariella Cuellar**, Communications Specialist, California LGBTQ Health & Human Services Network
- **Chrissy Corbin**, Health Program Specialist, California Department of Public Health (CDPH)
- **Christie Gonzales**, Director of Behavioral Operations, WellSpace
- **David Grady**, Regional Manager, State Council on Developmental Disability, Central Coast at State of California
- **Debra Roth**, Senior Legislative Advocate, Disability Rights
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **Hernando Garzon, MD**, Medical Director, California Emergency Medical Services Authority (EMSA)
- **Ivan Bhardwaj**, Acting Medi-Cal Behavioral Health Chief, California Department of Health Care Services (DHCS)
- **Jennifer Oliphant**, Hope For Tomorrow Program Director, Two Feathers Native American Family Services
- **Jevon Wilkes**, Executive Director, California Coalition for Youth
- **Jeanine Gaines**, Director of Partnerships, The Social Changery
- **John Donoghue**, Program Manager, County of Santa Clara Behavioral Health Services
- **Julie Kornike**, Director of Marketing and Communications, Didi Hirsch
- **Katherine Katcher**, Justice Policy Lead, Yurok Tribe
- **Kenyon Jordon**, Volunteer and Training Coordinator, Buckelew Programs
- **Kiran Savage-Sangwan**, Executive Director, California Pan-Ethnic Health Network (CPEHN)
- **Lishaun Francis**, Senior Director, Behavioral Health, Children Now
- **Mayu Iwatani**, Manager of Mental Health and Wellness, Care Coordination, Orange County Dept of Education
- **Michael Tabak**, San Mateo Sheriff's Office
- **Miguel Serricchio**, Executive Vice President, LSQ Funding Group
- **Miriam Goldblum, MD**, (psychiatrist, family member)
- **Stephen Sparling**, California Coalition for Youth
- **Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute
- **Taun Hall**, Executive Director, The Miles Hall Foundation



Public Comment Overview

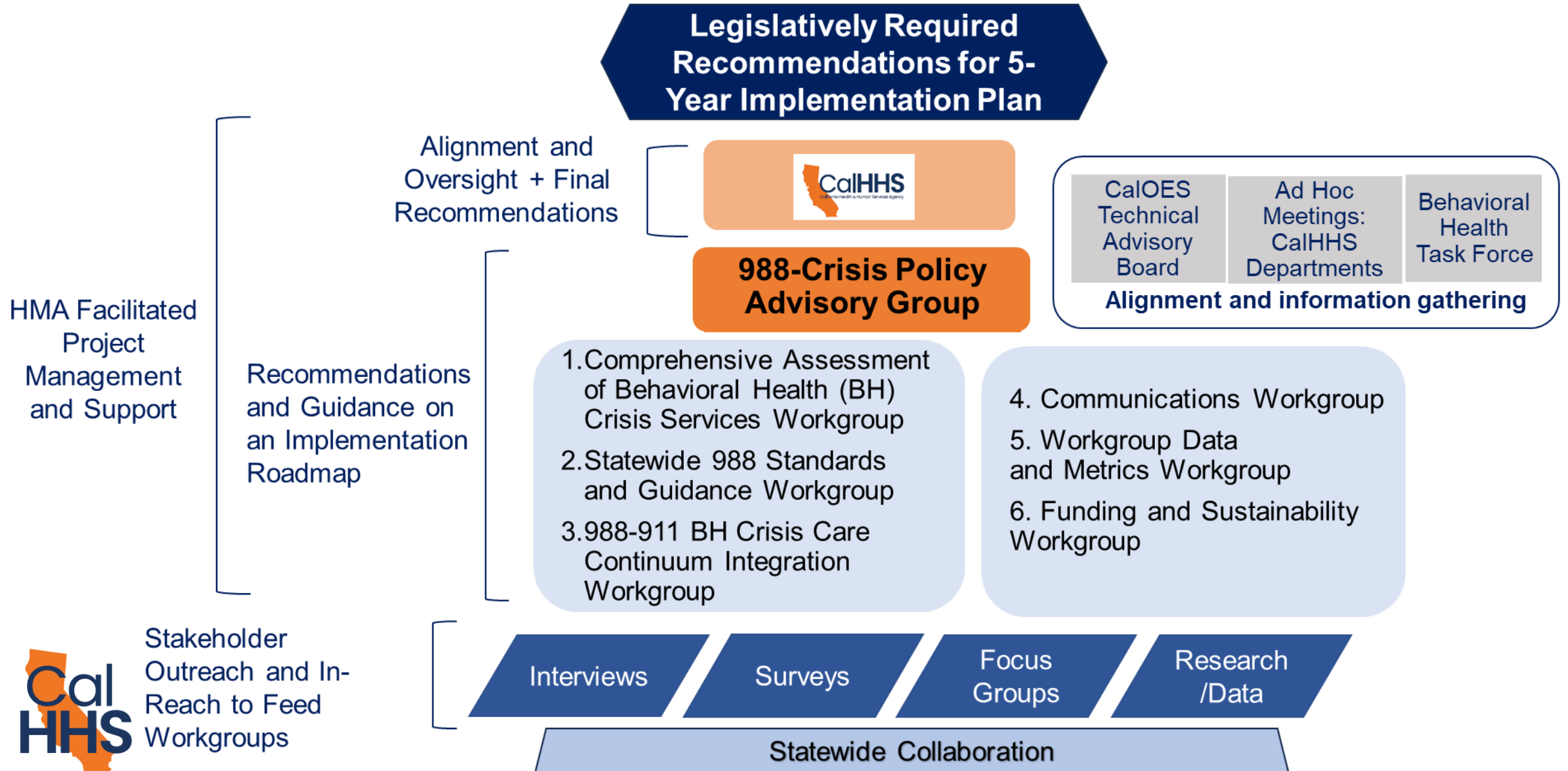
- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- We will take comments in the order in which we receive sign-ups.
- If you are on Zoom and would like to make a public comment, please raise your hand at any point throughout the discussion. We will then write down your name and call on you to speak during the public comment period.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify the project team 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, you may email your written comment to the project email address: AB988Info@chhs.ca.gov.

Code of Conduct

- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous

Note: Meetings of the Workgroup are open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements

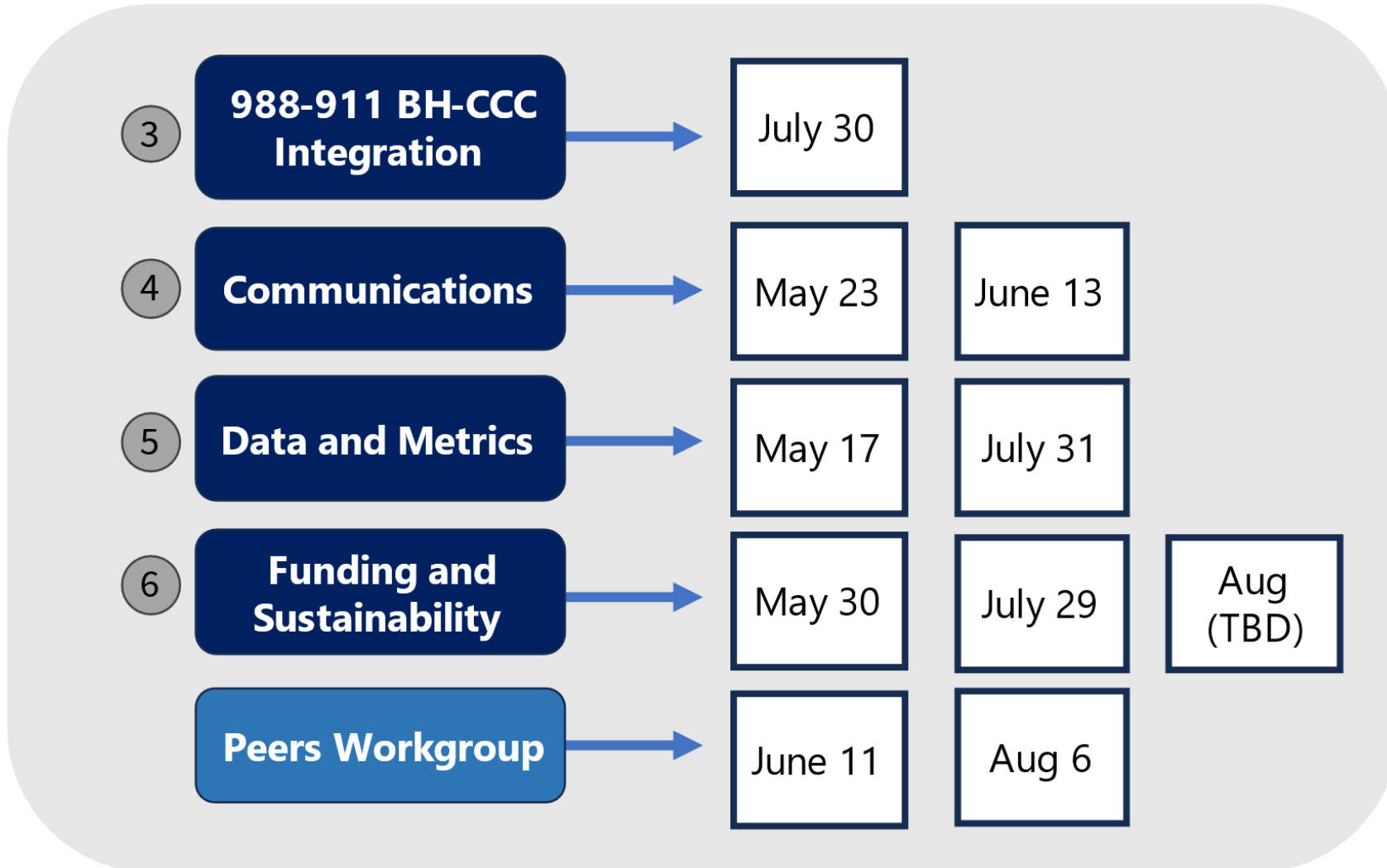
AB 988 Organizing Structure



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	<ul style="list-style-type: none"> ▪ Increased capacity, affordability, and range of services ▪ Connecting people in crisis to immediate and ongoing care
High quality services	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Offering the least restrictive responses to crisis ▪ Robust formal and informal community-based partnerships
Serves the needs of <i>all</i> Californians	<ul style="list-style-type: none"> ▪ Services that are culturally and linguistically responsive ▪ Services that are person- and family-centered ▪ No Wrong Door: Services are delivered regardless of insurance/payer source, regardless of where a person presents for care

Upcoming Workgroups



Workgroup 4: AB988 Required Recommendations

AB 988 Required Area	How It's Being Addressed
<p>(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.</p>	<ul style="list-style-type: none">• DHCS Communications Plan (end of June 2024)• CDPH Research• Workgroup 4

Our focus: Seeking workgroup input on:

- How to communicate the difference between 988 and 911
- How to communicate 988 to reach populations that may be reluctant to use 988

Guiding Principles for Our Discussion

- Broad efforts to increase awareness should be aligned with capacity considerations
- The Implementation Plan will be staged over multiple years
- 988 Crisis Centers are currently doing extensive work to serve existing needs and communicate about 988
- The role of the state does not supplant the breadth of crisis care stakeholders engaged with 988, rather the state helps to validate the role 988 plays as an entry point to the crisis care continuum
- Messages and channels of communication should be consistent but personalized/nuanced to the needs of specific populations
 - Kauffman and Associates, Inc. is leading Urban Indian and Tribal engagement efforts



Context Setting

- Messaging Research and Insights**
- CDPH Presentation**

Messaging Research and Insights (1)

Resource	Focus
SAMHSA	Partner Toolkits (988 Partner Toolkit SAMHSA ; providing materials addressing): <ul style="list-style-type: none">• Audience Identification and Messaging• Flyers, notecards, and social media tools (artwork, videos)• Population based (LGBTQIA+) materials• English and Spanish materials
988 Formative Research	988 Formative Research Action Alliance Framework for Successful Messaging (suicidepreventionmessaging.org)(2023-24) ; Messaging Toolkit , Trusted Messenger Toolkit Sample insights: <ul style="list-style-type: none">• 24/7 availability has the strongest awareness as value to participants who would consider using 988; low knowledge that service is confidential• When struggling with mental health, participants are most likely to trust and get support from family and friends (trusted messengers)• One size does NOT fit all for trusted messenger messaging and barriers
988-Crisis Policy Advisory Group (Dec-23 meeting)	Insights: <ul style="list-style-type: none">• Need targeted, population-based messaging strategies• Reach people in the places – virtual and physical – where they already congregate• Leverage trusted community leaders• Mitigate community fear and mistrust

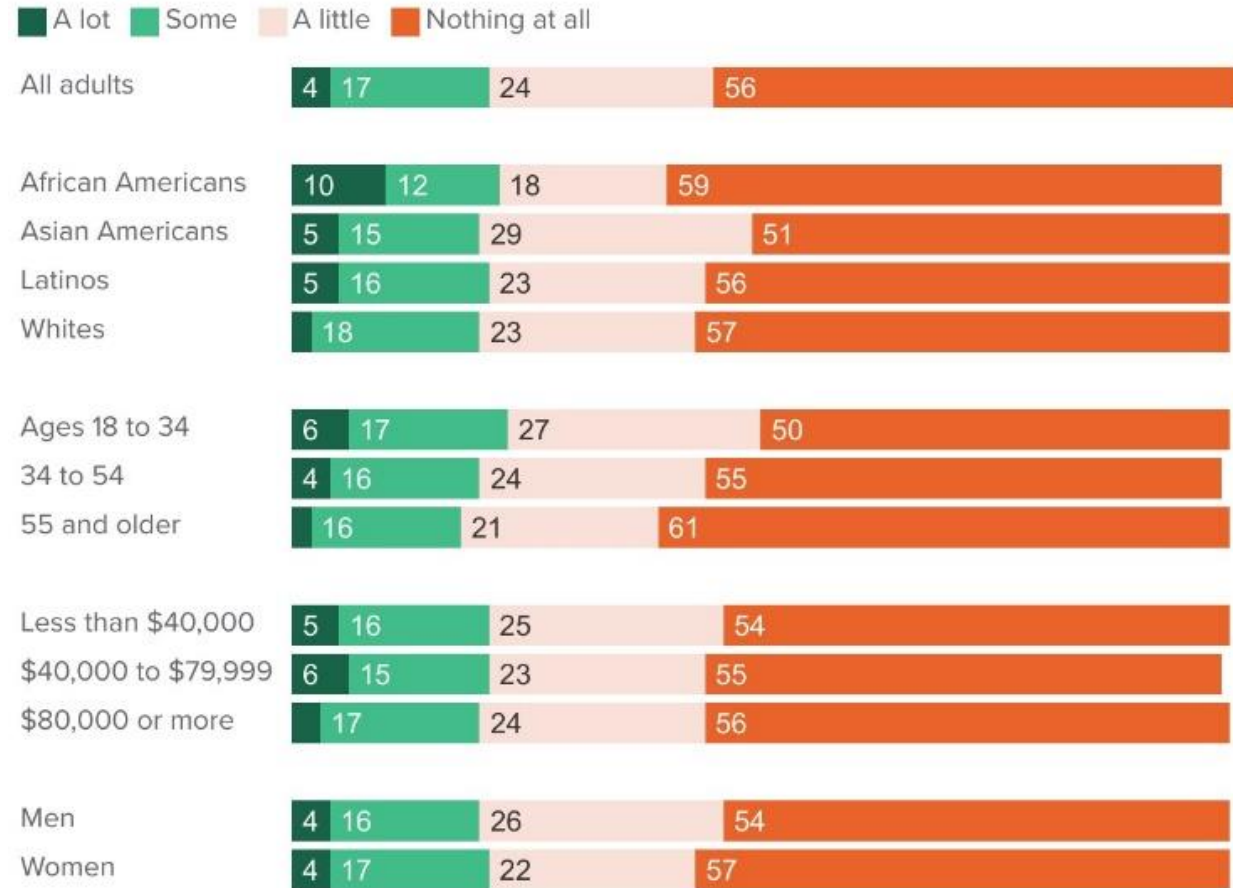
Messaging Research and Insights (2)

Resource	Focus
988 Workgroups 1-3 Meetings	<p>Insights:</p> <ul style="list-style-type: none">• Messaging to distinguish between 911 and 988; confusion exists• Important to understand what people think they're going to get when they call 988• Communicating the availability to people with developmental disabilities in addition those with mental health needs• Important to incorporate stigma reduction across communications messages
HMA Research Insights	<ul style="list-style-type: none">• Most Crisis Centers conduct community education programming. They make presentations to schools, community-based organizations, and the community broadly in support of suicide prevention. This includes education on 988.• Several Crisis Centers also provide more in-depth trainings – such as Community Gatekeeper Training – which supports recognition of suicide warnings and how to connect someone to help. Those trained help to further build awareness.• Crisis Centers also educate and promote 988 services to other partners working in the crisis space (e.g., first responders, behavioral health providers, etc.)

Messaging Research and Insights (3)

- In April of 2023, only 13% of adults knew about 988 with awareness even lower for people of color, lower income individuals and those with less formal education. ([Pew Poll](#)).
- In October 2023, a statewide survey of Californians found that 56% knew nothing about 988, with higher awareness in people who identify as younger and marginal differences by gender, income and ethnicity (PPIC Statewide Survey)
- In one cross-sectional study, use and awareness of the 988 Lifeline was significantly higher among individuals with serious and moderate psychological distress.

A majority of Californians know nothing at all about 9-8-8

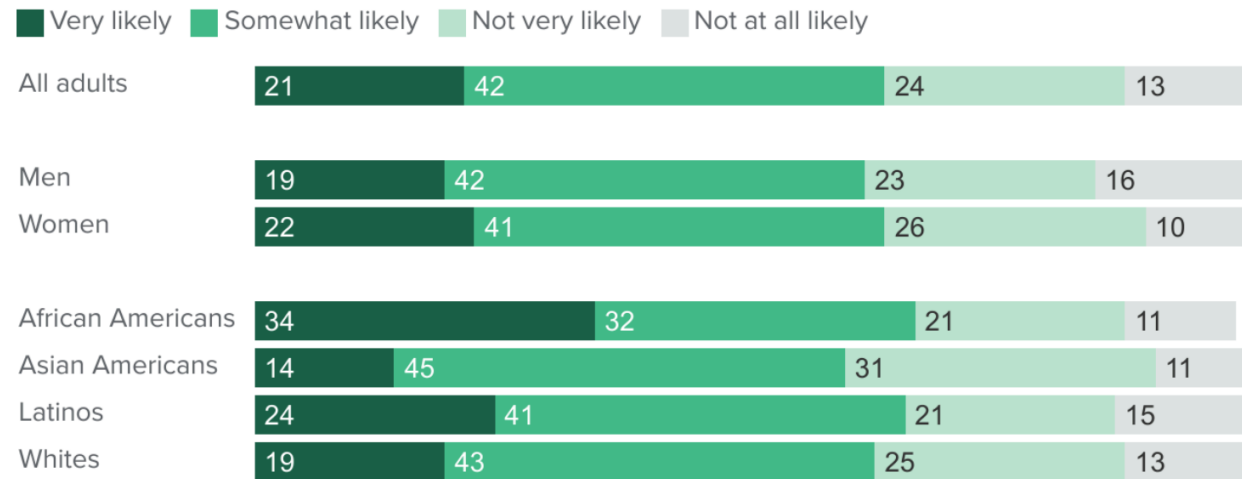


SOURCE: PPIC Statewide Survey, September 2023. Survey was fielded from August 25–September 5, 2023. (n=1,671 adults, n=1,146 likely voters).
FROM: PPIC Blog, October 2023.

Messaging Research and Insights

After reading a summary of what 988 is, the PPIC survey reports that about six in ten adults say they would be very or somewhat likely to call the 988 hotline if they or a loved one were experiencing a mental health crisis, with the largest share of very likely to call among African Americans and Latinos.

A solid majority say they are at least somewhat likely to call the 988 mental health hotline



SOURCE: PPIC Statewide Survey, September 2023. Survey was fielded from August 25–September 5, 2023 (n=1,671 adults, n=1,146 likely voters).

California Department of Public Health



Best Practice:

Public Health Communications Strategy

Jessica Hwang, MPH

Public Awareness Section Chief

Substance and Addiction Prevention Branch

Sara Mann, MPH

Suicide Prevention Program Section Chief

Injury and Violence Prevention Branch



Discussion of Key Questions

Discussion Context

In responding to the discussion prompts, please consider distinct needs for first person (someone seeking support in crisis) and third-person (a person seeking support for someone they consider to be at risk or in crisis).

Key Terms

- Messages (What) – messaging and terms to communicate with clarity while establishing trust
- Forums (How/Where) - those platforms, publications, websites, physical locations and environments where messages can or should be made available
- Voices (Who/Messengers) - individuals who already serve as trusted resource or known personality who can speak/represent messaging across broad or specific populations

Discussion: How can we reach populations that may be reluctant to call 988?

General Themes (that cut across populations)

- ***Populations of Focus:*** No group is a monolith; targeted messaging should account for the range of identities people hold
- ***Messaging should:***
 - Seek to build trust
 - Be as transparent as possible about what to expect when calling 988; that includes making clear the possibility of law enforcement involvement
 - Use words and images that help to normalize help-seeking behavior
 - Underscore prevention messages (e.g., “You don’t have to be in active crisis to reach out to 988)
- ***Forums for delivering messages***
 - Engage media as a partner
 - Leverage places where people regularly go – notably schools and healthcare settings
- ***Voices/spokespeople***
 - Uplift the voice of lived experience (consistent with ethical storytelling policies)
 - Don’t underestimate the power of word of mouth

Discussion 2: How can we reach populations that may be reluctant to call 988?

Population of Focus	Targeted Messages	Forums (Where)	Voices (Who/Messengers)
BIPOC (not a monolith – need for message testing and to account for intersectionality)	<ul style="list-style-type: none"> Concern around privacy and confidentiality – need to communicate parameters of the conversation (including what information is collected and retained)+ Hesitancy among LatinX and AAPI – need targeted messaging AND universal awareness Imagery that shows person in family/communal context (though varying levels of comfort around familiar involvement) 	<ul style="list-style-type: none"> Spanish language media 	<ul style="list-style-type: none"> Local, trusted community-based organizations (create and deliver messages with dedicated funding to do so) Community Health Workers (CHWs) and Peer Support Specialists Bilingual crisis counselors
LGBTQ+	<ul style="list-style-type: none"> Gender affirming, inclusive language (also requires training for call takers) Concern around outing; speaks to concerns around confidentiality 		
Children and Youth (including justice-involved)	<ul style="list-style-type: none"> Concerns around privacy and transparency (what happens during AND after a call)+ Concern/mistrust of adults; less stigma between young people than with adults Use word “Friend” Clarity on how to support someone over 18 years of age Utilize informal, relatable language or slang 	<ul style="list-style-type: none"> Consider school calendar in terms of timing and placement of ads Fast food/corner store (where youth go after school) 	<ul style="list-style-type: none"> Engage young people in developing informal/humor content
Seniors/Older Adults			
Intellectual and Developmental Disabilities	<ul style="list-style-type: none"> Need to account for pervasiveness of neurodiversity among potential callers across populations 	<ul style="list-style-type: none"> SPED educators and programs in schools 	<ul style="list-style-type: none"> Regional Centers, including crisis intervention services



Public Comment Period

Public Comment Guidelines

- All comments—whether written or spoken—will be shared with the Workgroup in the meeting minutes.
- If you prefer, you may email your written comment to the project email address: AB988Info@chhs.ca.gov
- 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 Work Group members to respond to their comments directly.

Public Comment Sign-Ups

1. Name



Next Steps

Where We Go From Here

- **Additional, final meeting: Thursday, June 13, 1-3PM - Calendar hold forthcoming**
- Feedback gathered from this Workgroup will be shared with CalHHS, who will in turn engage their state partners in review.
- Feedback gathered will also be shared with the Policy Advisory Group for further review and input. The Workgroup Co-Chairs will support this effort.
- The outcome of the state and Policy Advisory Group review processes will be a set of recommendations that will inform the development of the Five-Year Implementation Plan.



Adjourn