



CalHHS

Workgroup 4: Communication

**Meeting 2 of 2
June 13, 2024**

Webinar: Panelist View

The screenshot displays a Zoom Webinar interface in Panelist View. At the top, there is a horizontal row of six participant thumbnails, each with a unique background color (cyan, purple, lime green, orange, purple, lime green) and a white person icon. Below this row, a central area features a 2x2 grid of larger thumbnails, also with colored backgrounds and white person icons. The bottom toolbar includes controls 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.





- 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. Welcome and Workgroup Overview (10 min.)
2. DHCS Presentation (20 min.)
3. Discussion (60 min.)
 1. Review of Input from Workgroup 4 Meeting 1
 2. Discussion of Early Recommendations
4. Public comment period (20 mins)
5. Next steps (10 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
- **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

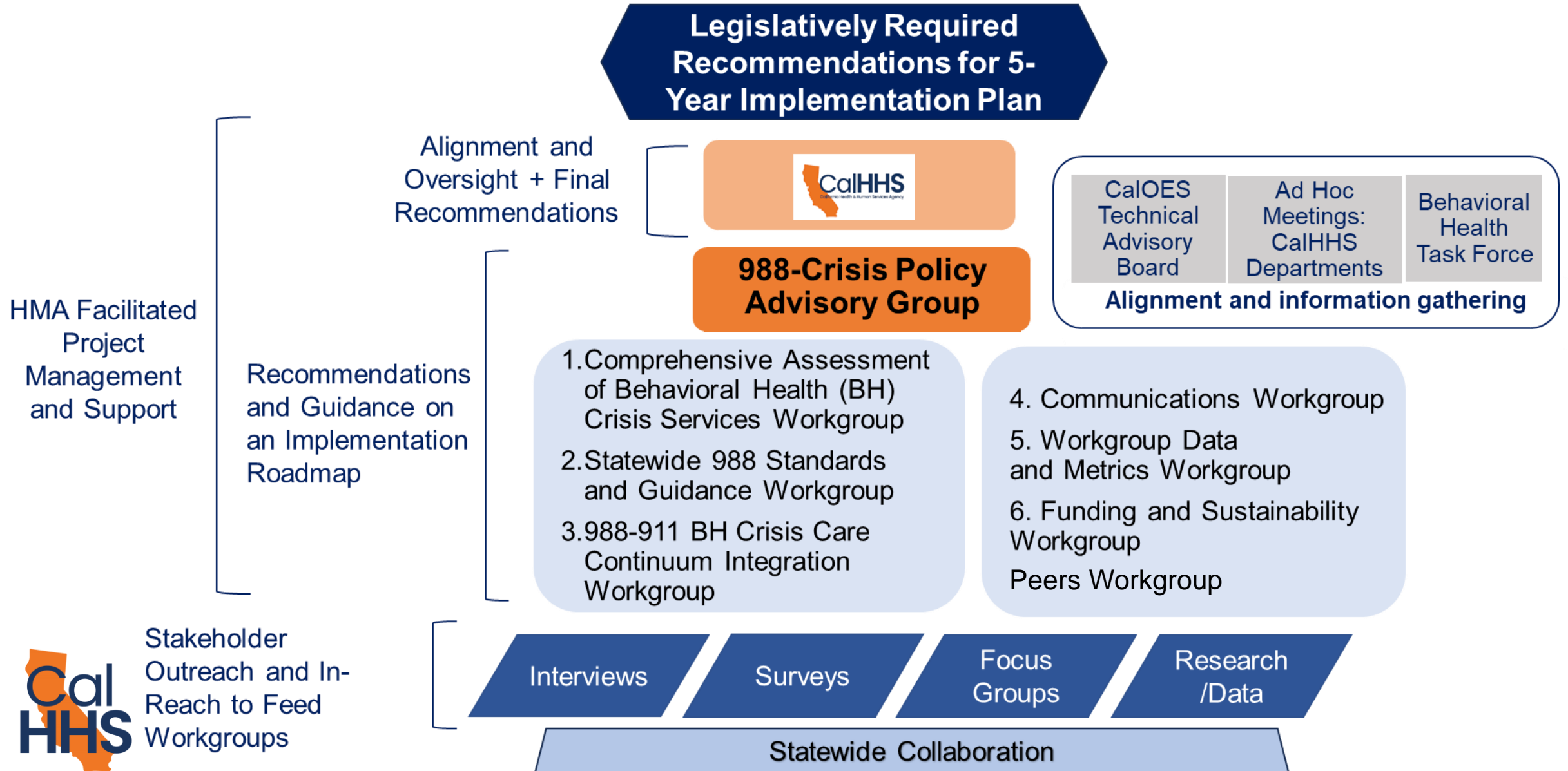
Public Comment Overview

- 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.

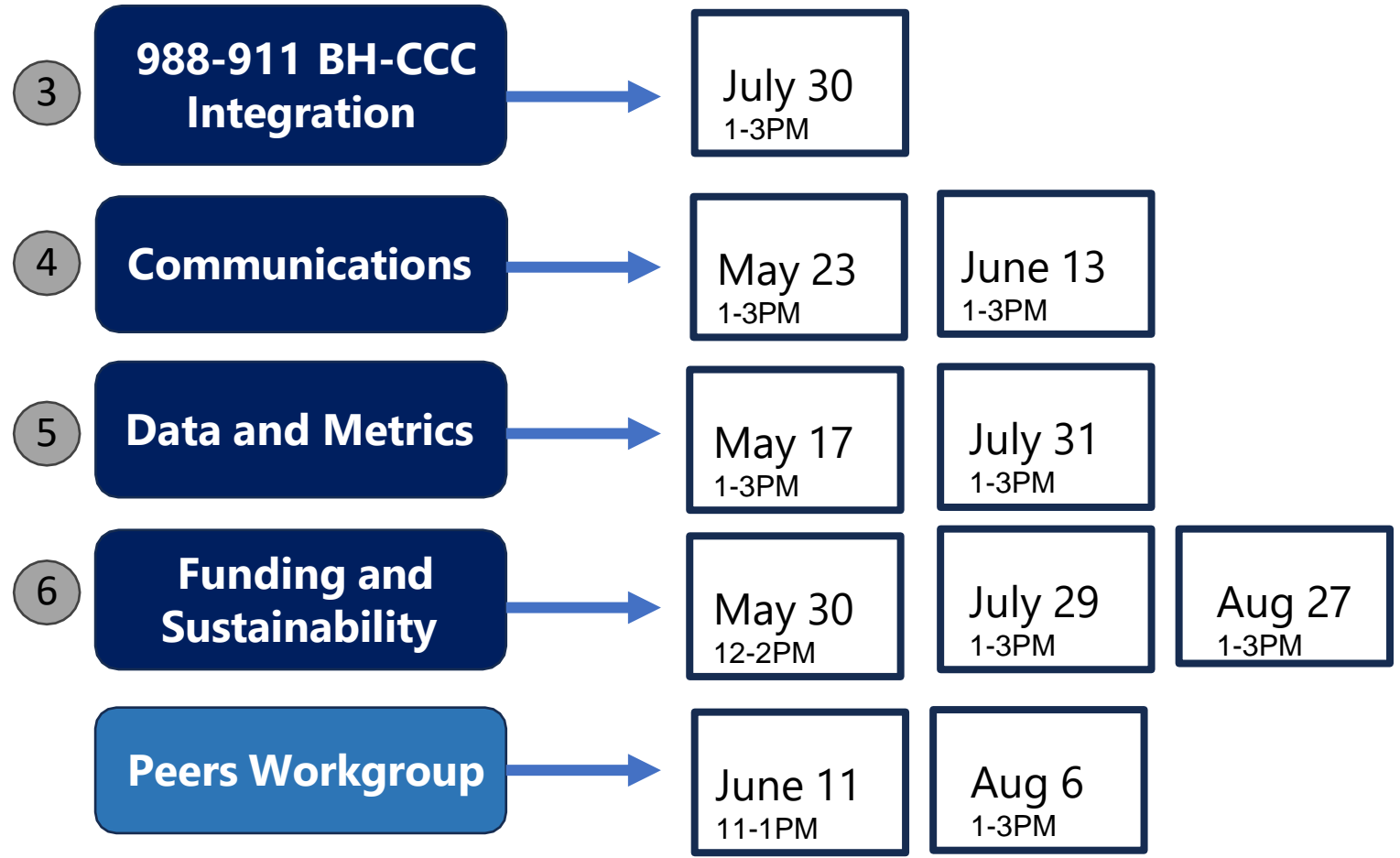
Desired Outcomes of the Future CA Crisis System: PAG and Workgroup Input

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

AB 988 Organizing Structure



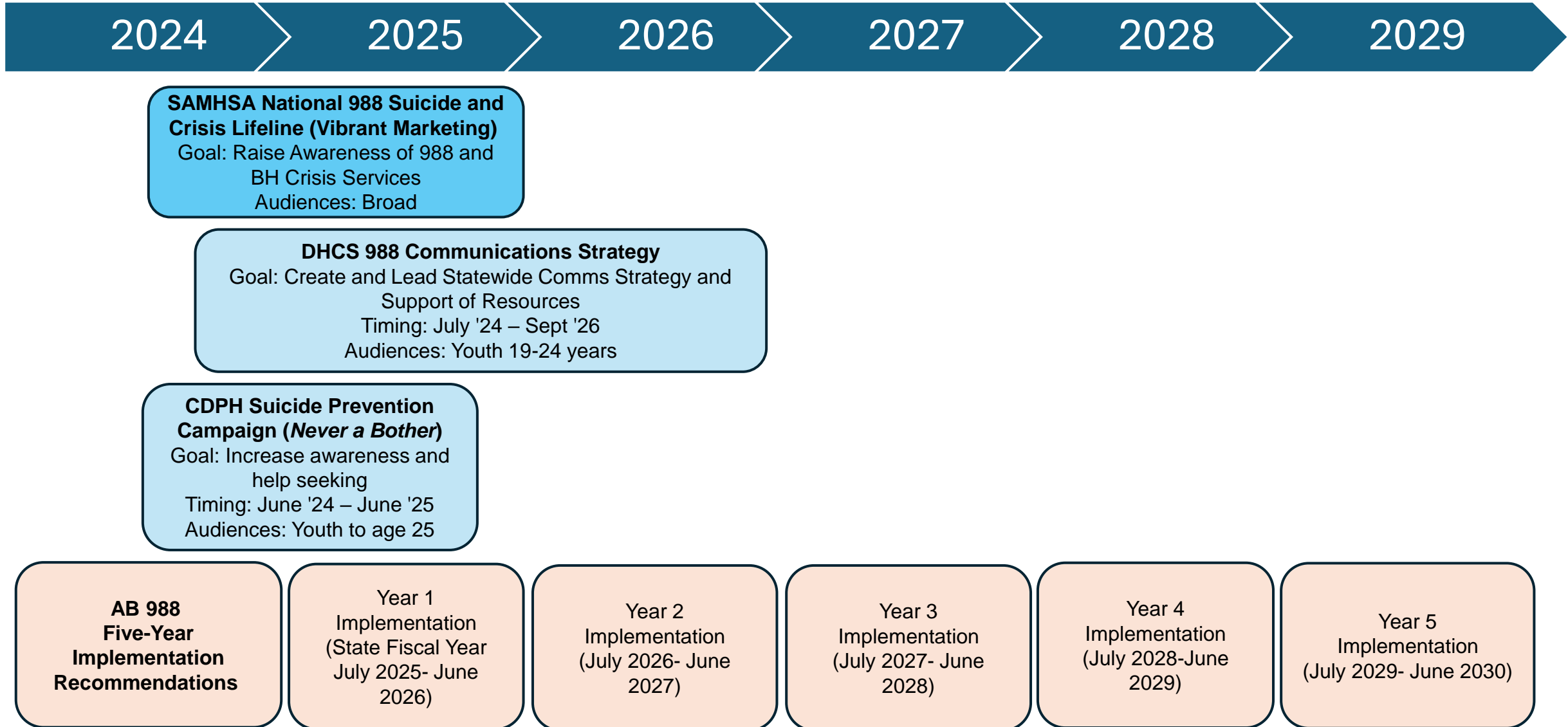
Upcoming Workgroup Meetings



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

Establishing a Statewide 988 Communications Strategy





Context Setting: DHCS Presentation

988 Communications Strategy

Key Takeaways

Introduction

As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) 988 grant requirements, the Department of Health Care Services (DHCS) is working to develop and implement a statewide 988 communication strategy in line with SAMHSA's 988 partner toolkit and DHCS' Disparity Impact Statement.

988 Stakeholders and State Partners

DHCS Divisions

- Community Services
- Licensing and Certification
- Office of Tribal Affairs
- Office of Strategic Partnerships
- Quality and Population Health Management

Other California State Agencies

- Governor's Office of Emergency Services
- Department of Aging
- Department of Public Health
- Emergency Medical Services Authority
- Health and Human Services Agency

Organizations

- California Consortium of Addiction Programs and Professionals
- California LGBTQ Health & Human Services Network
- California Pan-Ethnic Health Network
- County Behavioral Health Directors Association of California
- Promotoras con Alma
- The Trevor Project

Tribes and Tribal Partners

- The four 988 tribal grantees
- California Consortium for Urban Indian Health
- California Rural Indian Health Board
- Kauffman and Associates, Inc.

Meeting Takeaways

Through each meeting we sought to better understand:

- » Community 988 awareness levels
- » Current messaging around 988 in their program
- » What challenges their communities face accessing 988 services
- » What would promote access to 988 in the communities they serve
- » What messaging would be most effective in reaching respective communities, and how 988 communications can be tailored to reflect their needs

Stakeholder Feedback

Through our conversations with stakeholders, we've learned that:

- » Awareness levels are generally low
- » Most stakeholders do not actively promote 988
- » Focused messaging would benefit communities

Messaging Efficiency

DHCS has identified critical audiences for 988 communication strategy planning and implementation, including, but not limited to:

- » CalHHS' 988-Crisis Policy Advisory Group
- » 988-911 Technical Advisory Board
- » State agencies
- » 988 Crisis Centers and other behavioral health access points
- » County BH providers and health systems
- » Youth and young adults, especially those ages 19 – 24
- » LGBTQ+ communities
- » Tribal entities and Native American organizations
- » Parents/families
- » First responders
- » Schools and universities
- » Justice system and justice involved organizations
- » Grassroots organizations and trusted community leaders
- » Community-based organizations for refugees/immigrants

Planning and Implementation

Regardless of background, the following information was found to be necessary for effective 988 messaging:

- » How and when to use 988
- » What to expect when you contact 988, including information on confidentiality
- » What 988 can and can't do
- » How to request crisis response services
- » How to recognize signs of a behavioral health crisis

Communication Methods (1)

Several mediums were identified as an effective way to communicate with audiences, including:

Pamphlets, Brochures, and Posters

- » These can be distributed at fairs (such as Recovery Happens), community events (e.g., Pride parades), and community meetings.

Frequently Asked Questions Information Flyer

- » DHCS can publish this flyer online.

Informational 988 Talking Points

- » DHCS can share across internal divisions and relevant state agencies.

Email and Social Media Content

- » State agencies can send out email or social media messages during September, Suicide Prevention Month. County Public Information Officers can share social media posts. DHCS can partner with stakeholders to develop targeted social media content using specific images or outlets for target audiences.

Communication Methods (2)

Several mediums were identified as an effective way to communicate with audiences, including:

Standard Slide Decks

- » DHCS can develop and provide standard 988 slides other departments can use in relevant presentations, conferences, and stakeholder events.

Videos

- » DHCS can launch online ad campaign which includes a short video on how to contact 988. State agencies and stakeholders can post informational videos to websites.

Magnets

- » Stakeholder groups can distribute magnets to members. Distribution at fairs (such as Recovery Happens), community events (e.g., Pride parades), and community meetings.

Future 988 Efforts

- » DHCS anticipates starting initial implementation of some of these strategies later in 2024 and will continue the implementation of the 988 communication strategy through September 2026.
- » We look forward to hearing the recommendations from this workgroup and plan to enhance our communications strategy based on the feedback received.
- » We are confident a state-wide communication strategy informed by stakeholders and community members will improve understanding of 988 services and increase utilization and access for all Californians.

Questions?

Thank you!





Discussion

Discussion Context

Key Terms

- Messages (What) – what we communicate to increase awareness, understanding, trust, and transparency
- 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



Review of Workgroup 4, Meeting 1 (1)

Messaging should:

- Be as transparent as possible about what to expect when calling 988
 - What kinds of support are available to young people under 18 (parental, school, other involvement)
 - Make clear the possibility of law enforcement involvement
 - Make explicit what situations would warrant law enforcement involvement
 - Make clear what third-party caller can expect
 - Actively address/mitigate concerns around data privacy and confidentiality
 - Provide clarity on how to support someone over 18 years of age
 - Go to great lengths to not retraumatize callers
- 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 call 988”)
 - Crisis should be self-defined
- For consideration: Whether to de-emphasize state and fed gov’t role (emphasize local network)

Forums for delivering messages

- Engage ethnic media
- Leverage social media platforms
- Leverage places where people regularly frequent– notably schools, healthcare settings, Regional Centers, corner stores/fast food..

Review of Workgroup 4, Meeting 1 (2)

Voices/spokespeople

- Get the support/buy-in from trusted community messengers, including community-based organizations
 - CBOs should be funded to create and deliver local messages
 - Need for coaching; helping make clear to students and others what they have a right to ask for
 - Streamline – key local resources, alongside 988
 - Uplift the voice of lived experience (consistent with ethical storytelling policies)
 - Mechanisms for feedback, including for those with less positive experiences
- Leverage online influencers
- Don't underestimate the power of word of mouth

Populations of Focus

- No group is a monolith; people hold many identities
- Need to account for pervasiveness of neurodiversity among potential callers
- Targeted messaging should account for language and cultural needs and norms of the different populations of focus
- Consider preferences on how to receive information

Early Draft Recommendations for Workgroup Consideration

DRAFT Recommendation	Detail
<p>1) Align and coordinate state behavioral health crisis communications strategies including goals, audiences and measurements.</p>	<p>a) Identify priority audiences for 988 communications strategies, with an emphasis on populations not reached through national campaigns and/or those populations at greatest risk</p> <p>b) Define the goals and objectives of the communications strategy to provide clarity about how and when to use 988, what to expect when someone contacts 988, and what 988 can and can't do</p> <p>Also call out Tribal systems</p>
<p>2) Engage key partners in developing and disseminating statewide and regional communications strategies regarding behavioral health crisis services.</p>	<p>a) Develop a comprehensive statewide strategy for communicating 988 and behavioral health crisis services, increasing public awareness, and supporting behavior change, including willingness to seek help.</p> <p>b) Uplift the voice of lived experience consistent with ethical storytelling policies</p> <p>c) Engage community-based organizations (CBOs) as vehicles for creating/developing and delivering local messages – allow for local/audience customization</p>
<p>3) Determine key messages, forums, and spokespeople/trusted messengers, segmented by priority audience.</p>	<p>a) Develop a strategy that leverages community settings where people regularly frequent (e.g., schools, healthcare settings, and Regional Centers)</p> <p>b) Leverage formative research message testing and community engagement to ensure targeted messaging accounts for language and cultural needs and norms of the priority audiences</p>
<p>4) Monitor the success and impact of the communications strategies</p>	<p>a) Establish metrics that to monitor system volume and usage trends and system quality (Note: See Workgroup 5, Data and Metrics)</p> <p>b) Establish metrics to evaluate the effectiveness of communications strategies – post call feedback surveys, pre- and post- community surveys (awareness, perception, behavioral change), click through rates</p> <p>In partnership with trusted messengers, CBOs</p>



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

- 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 on June 26 and August 14 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