

Sacramento County Mental Health Board
Community Wellness Response Team (CWRT) Advisory Committee
MINUTES – IN PERSON MEETING
HYBRID PARTICIPATION OPTION
Tuesday, October 8, 2024
6:00 PM – 8:00 PM

Members Present: Corrine Sako, Katie Houston, Elizabeth Kaino Hopper, Mykel Gayent, Patricia Wentzel, (staff: Korlany Roche)

Absent: Adam Wills, Elijah Orr, Sarina Rodriguez

Agenda Item

I. Welcome and Introductions

- Introductions:
 - Committee Members
 - CWRT Partners
- Review [MHB Conduct Agreement](#)
- Co-Chair Houston commenced the meeting at 6:02pm. Introductions were made and Co-Chair Houston acknowledged the MHB Conduct Agreement.

II. Presentation and Q&A by Committee Members: California Health and Human Services Agency (CalHHS) 988-Crisis Care Continuum Advisory Groups & Workgroups Update

- Dr. Anh Thu Bui, Project Director for the 988-Crisis Care Continuum with CalHHS, provided a presentation on the AB 988 Implementation Plan. See attached presentation.
- Background on the CA Behavioral Health Crisis Care Continuum Plan.
- CalHHS 988-Crisis Project Highlights:
 - Integration of 911 and 988: Contact Handling System (CA 988 CHS), led by the CA Office of Emergency Services (CalOES).
 - Draft Implementation Plan: desired outcomes, foundational principles, organizing framework.

Member Comments:

- Chair Sako
 - Thanked Dr. Bui for the presentation. Appreciate feedback from key populations of focus to provide the state.
 - How much is Sacramento County communicating at state level?
 - Terri (WellSpace) we are very active in providing input into the implementation plan.
 - Dr. Bui asked what's happening and what's working for you?
 - Kelli (BHS): provided history and background regarding alternatives to 911 response, including listening sessions that gathered community input for how to approach this work. Built an advisory committee with representation from key partners, which can be viewed on the CWRT website. There were key areas of community feedback around having a separate call center from 988, leveraging WellSpace partner and meanwhile building our teams. Partnered with CBO, BACS to add additional teams to get to full 24/7. There are 11 teams, working with Terri's team for a smooth transition from 988 to our CWRT dispatchers for a warm handoff for mobile crisis response. We have a website, working on data dashboard to provide data and outcomes of responses for the community to see. We have a 3-prong 24/7 approach that includes 988, CWRT and our 24/7 Mental Health Urgent Care Clinic. We are ensuring that we are marketing to underserved communities and looking at aspects of marketing our program now that we're in the second phase of marketing.
 - Stephanie (BHS): added our call volume isn't terribly high, but have an average of 50-60 responses per month. Last month we had close to 90 responses. Majority of those calls were addressed in the community and a few were sent to MHUCC and few to BHS MHTC.
 - Terri (WellSpace): added at 988, we do follow-up calls and got great feedback from help seekers about CWRT, they had wonderful things to say about the process.
 - Co-Chair Houston
 - Resonated with goals, recommendations, which tracks with what I envision for our CWRT. It is cool to see that on statewide level. Impactful to see how much we've done so far and where we're going.

- Addressing the needs of rural communities – I work in a rural area and wondering how I can get attention to those areas? Would that be a recommendation to get these areas that need more support? Where is the next step for me to get help?
 - Dr. Bui (CalHHS): to get mobile teams to these areas, it comes down to the local level. How do we encourage and support the various components of support at the local level. The implementation plan is not finished, AB 988 funds the 988 crisis call centers first. SAMHSA will issue some guidance and toolkits for mobile response at the end of the year. We will have to solve community by community and look at the different models that work for different areas. How do we inventory those processes and models that have been working throughout the state? We need to hear as much as we can from the community, and that's how we can pull that together. It would take a few years to know what we can do for mobile crisis teams for all communities.
- Appreciate the language of help seeker versus person in crisis.

III. Public Comments related to the Community Wellness Response Team (CWRT)

- No public comments.

IV. Presentation: Recommendations from the UC Davis Social Gaming Seminars Pertaining to Sacramento County Behavioral Health Crisis Response

- Kelli Weaver, Deputy Director of Sacramento County BHS, provided a presentation on the UC Davis Social Gaming Seminar.
- A gaming seminar is an interdisciplinary group that works collaboratively to problem solve hypothetical, but common social problems.
- Our County Executives Chevon Kothari and Eric Jones explored the partnership with CWRT and how we can work effectively and more efficiently together with law enforcement (LE) and other first responders (Fire/EMS). There were multiple sessions with key players that operate within this arena, including team members, direct line staff, 988, and BACS, as well as different levels of leadership with LE officers, fire, and array of first responders to look at various vignettes and discuss what elements of those vignettes to define whether it's a behavioral health call and how we would collectively respond to that scenario. Saw alignment with many scenarios, then took collective feedback. There's a desire to partner with all agencies, and to create effective connections/partnerships. Discussion around improvement and where it's needed – clarity of each other's roles, need to establish workflows, continue trust building with partners.
- Recommendations: Identify workflow and operationalize processes (who gets dispatched when at the scene, who writes the hold, who's in charge), develop more resources and tools to better educate each agency and what they do, meet with agency to see what they do, establish cross training on roles and expertise, create opportunities for ride-alongs, learn the mechanics, conduct regular multidisciplinary reviews post-scenarios, ensure new officers are trained early on and embedded early in their trainings, CWRT having resources available at all hours, specifically housing, and addressing folks with private insurance that creates limitations in getting that warm handoff to ongoing services.
- Next steps: Chevon and Eric will be reaching out to the law enforcement agency leaders to review these recommendations and see where we want to go next.

Member Questions/Comments:

- Chair Sako:
 - Are they reaching out to fire and EMS?
 - Kelli (BHS): we want this community-wide and would like everyone at the table, but we are starting with established partners first to get buy-in
 - When can we expect a next report out? What is a realistic expectation for Sac Sheriff and Sac PD to meet?
 - Kelli will circle back.
- Co-Chair Houston: Regarding private insurance and its impact on access to care. Is 988 available to everyone in the moment of crisis and the aftercare?
 - Terri (WellSpace): 988 and CWRT provides services for everyone, regardless of insurance. Aftercare and linking them to the services that are provided under their insurance.

V. Discussion: CWRT Program Implementation, Including Data & Response Outcomes

- a. **988/WellSpace Health**
- b. **Sacramento County Behavioral Health Services CWRT**
- c. **Bay Area Community Services (BACS)**

d. 10/7/24 CWRT Program Update here:

<https://dhs.saccounty.gov/BHS/SiteAssets/Pages/CWRT/Community-Wellness-Response-Team/CWRT%20Monthly%20Timeline%20-%20September%202024.pdf>

Christina/BHS:

- Introduced as new HPM overseeing CWRT program.
- Reviewed the program's call data, responses, dispositions, and shared a success story. Please see link above for the program updates for September 2024.
- CWRT webpage has been updated to be more community friendly. Please review before the next Advisory Committee to provide feedback and share widely.
- Next month will share CWRT's marketing strategy and communication plan.

Terri/WellSpace:

- Shared call volume: 1,372 calls, 75 warm transfers (down from 97 in previous month) for September. One transfer didn't go through due to a glitch, 4 welfare checks in Sacramento County. Shared a success story.
- Followed up regarding length of time of calls. Across August and September, we pulled 25 calls for each month and ran the numbers for average, median and mode. The average length of calls is 27 minutes, median is 14 minutes, and mode is 16 minutes for all of 988 calls. 988 is working on a new system that would allow better tracking and we will be able to do things we can't do right now.

Member Questions/Comments:

- Chair Sako:
 - There is a frequent question about calls to 988 from a different area code that would get routed to a different call center. A caller spent 45 minutes getting routed to a local call center.
 - Terri (WellSpace): 988 converted their system to georouting starting September 17th, with two major carriers, T-Mobile and Verizon. Calls from any area code will be routed to the closest call center of the caller's physical location. The Sacramento call center was identified as being one that would be impacted in terms of call volume, so WellSpace is developing MOUs with rural counties to better understand the needs and have the same types of responses. Expect a final FCC ruling on this process on October 17th and once the ruling is adopted, all carriers will have to implement georouting.
 - Chair Sako noted that maybe CWRT calls will also slightly increase now that calls are being georouted from the first point of contact, in that the operator is going to know what CWRT is and how to access the response teams.
 - Monthly posting is helpful. Can you please explain the double asterisk?
 - Karisa (BHS): there at 50 mobile responses and it is common that calls will have 3 risk elements. Other risk factors are behavioral health related or public safety related. More often than not, all calls will have risk elements.
 - AC would like firearm data. AC would like to parse out calls that are related to mental-health, substance use, gravely disabled, etc. Karisa (BHS) oftentimes the help seeker is calling for all 3 elements. Firearms is a key piece of information because it shows that the response outcome can be positive and not lethal.
 - With any firearm or weapons in the home, LE may perceive that situation as crime in progress.
 - Karisa (BHS): there was a total of 56 risk assessment elements, 0 with firearms for September. We need to fine tune how we're obtaining information and how we glean that information.
 - The issue of help seekers being asked about their insurance information prior to resolving the crisis has been brought to Stephanie's attention. A help seeker called and before triage could be done, they were being asked for their social security number. Is there any follow up?
 - Stephanie (BHS): there has been a workflow developed in collaboration with BACS to be able to gather that information at the most appropriate time – which should not be during the immediate crisis. More often should be at the end of the service or during a follow-up. We appreciate the timely feedback so that we can address any issues that come up as quickly as possible.
 - Have WellSpace 988 shirts for committee members.
- Member Hopper:
 - Are we tracking repeat callers? Is there tracking for help seekers who are needing support more frequently? Would there be an alert to launch that person into connection with other BHS services?
 - Karisa (BHS): yes we do track it. For September, there were 4 help seekers that called more than once. The calls are duplicated and included in the total number of responses.
 - Christina (BHS) because we are working with different types of systems, we need to ensure data is accurate from 988 to dispatch. CWRT does offer the Community Support Team (CST) to connect with individuals that might need ongoing navigation support.
 - There should be education and awareness around referring individuals for AOT of Care Court and

providing information to housemates as well. There should be a process to engage and determine whether a referral is needed.

- Christina (BHS): even if they are calling multiple times, CWRT will respond and fill those gaps to ensure linkage. CST will have that warm handoff if needed and link the individual to services and continue to have that relationship until they are linked.
- I am also on the SUPT advisory board, and what I'm noticing is there is excellent effort in connecting people to treatment. The main resource being shared is the AA model while there are other models that exist. Make sure there is training to offer more than one kind of outreach program such as Smart Recovery and non-12 step programs.
 - Member Wentzel added she will send resources for support groups such as Friends for Survival.
 - Kelli (BHS): prior to the program going live, staff went through lots of training. In addition, they were going out and connecting with organizations and various programs to build robust resource book/list to connect folks with traditional MH programs and other types of resources that can help. CWRT should be well versed in resources available in the community, and constantly building the resource list.
- I volunteer part time on the NAMI help line. A possible missed opportunity is when a help seeker is receiving information, but a supportive housemate is not engaged in services and resources. If there is an interested housemate, they should be connected to services so that can learn what a healing environment could look like and that they can also seek support for themselves. Please bring this message forward.
- Member Wentzel:
 - What about other kinds of weapons such as machetes?
 - Karisa (BHS): there's a primary question of weapon available and secondary question of lethal weapon. We need to fine-tune to determine which weapon was onsite.

VI. Announcements by CWRT Advisory Committee Members

- Chair Sako:
 - October is the second year birthday/anniversary of this committee. Thanked County staff, system partners and committee members for their dedication and commitment to the program and the community.
 - Member Severeine Hollingsworth placed her notice of resignation from this committee. Thanked Member Hollingsworth for her service the past 2 years, as she was also a founding member. Her resignation creates a vacancy.
 - Received one application from an interested community member. AC will schedule an interview with the candidate.
 - Next month's meeting will focus on providing feedback on the CWRT marketing plan and webpage.
 - If there are events in the community where there is an opportunity to promote CWRT and 988, please send to BHS and WellSpace Health partners. If there is capacity to do so, these local events are a great opportunity to promote the programs in underserved communities.
- Terri (WellSpace/988): announced that an ASIST suicide prevention will be available to the community on October 23rd and October 24th. They will run relatively small groups so that it can be interactive. They are welcoming community members who are interested in getting trained in suicide prevention. There will be another training in December. Please email Terri for flyers: tgalvan@wellspacehealth.org.
- Member Wentzel shared NAMI has added more consumer/peer support groups. There is one drop-in group every Sunday 7pm at Sutter Center for Psychiatry. There is a total of 15 meetings a month for peer support groups, 13 meetings for family members, and 2 Spanish-speaking support group meetings. NAMI is planning to add 4 in-person meetings at Heritage Oaks. The NAMI helpline runs 9am-5pm Monday-Friday, and they provide resources and guidance to peers and family members, in addition to professionals looking for resources.

VII. Adjournment

Next CWRT Advisory Committee Meeting Scheduled for Tuesday, November 12, 2024 6pm-8pm

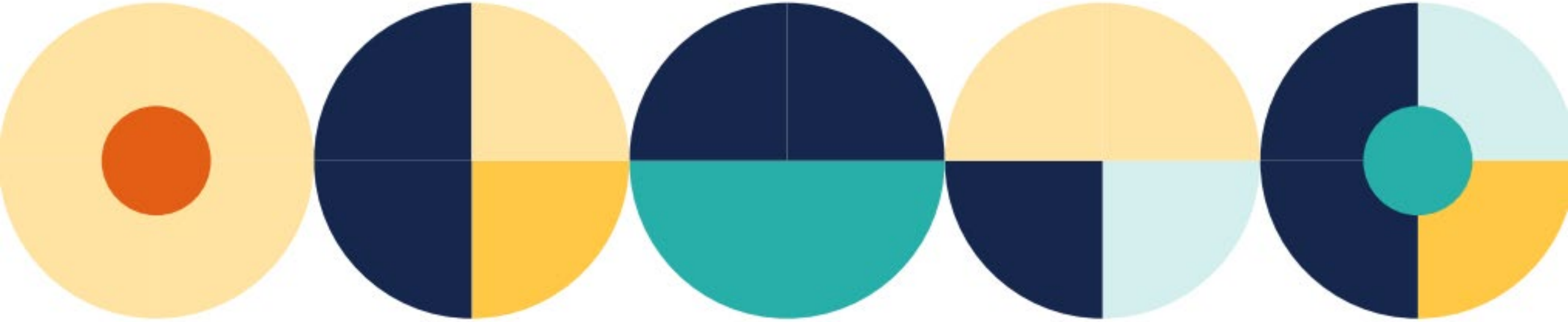
Co-Chair Houston adjourned the meeting at 7:53 pm.



**AB 988 implementation
Sacramento County CWRT
Advisory Committee**
October 8th, 2024

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum
California Health and Human Services Agency

Person Centered. Equity Focused. Data Driven.



Agenda

- Background
- AB 988
- CalHHS 988-Crisis Project Highlights
 - Integration 9-1-1 and 988
- Next steps
- Q&A



Background





California Behavioral Health Crisis Care Continuum Plan (CCC-P)



Identify the **state-wide vision for full set of services** for individuals experiencing crisis



Define state-wide **essential crisis services**



Provide a **high-level view of resources required, or current investments** that could be used



Outline a **governance model** to support implementation



Identify a **roadmap** to reach major milestones

Proposed Components of Future State Crisis Care Continuum

Behavioral health crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive

interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self-help, recovery support services, addressing stigma)



Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models



Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care



Essential Crisis Services Span the Continuum

= Near term (by FY 23-24)
 = Medium term (by FY 26-27)
 = Long term (by FY 28-29)

Preventing Crisis
Peer-Based Warmlines
Digital Apothecary <ul style="list-style-type: none"> • CYBHI digital platform: Brightlife and Soluna
Community Based Behavioral Health Services: <ul style="list-style-type: none"> • Community-based social services • School-based and school-linked services • Primary care clinics and FQHCs • Outpatient BH care <ul style="list-style-type: none"> ○ CCBHCs ○ Urgent care clinics ○ Transition clinics ○ Bridge clinics • Peer support • Harm reduction • Medication for Addiction Treatment (MAT) • Housing services • Employment services

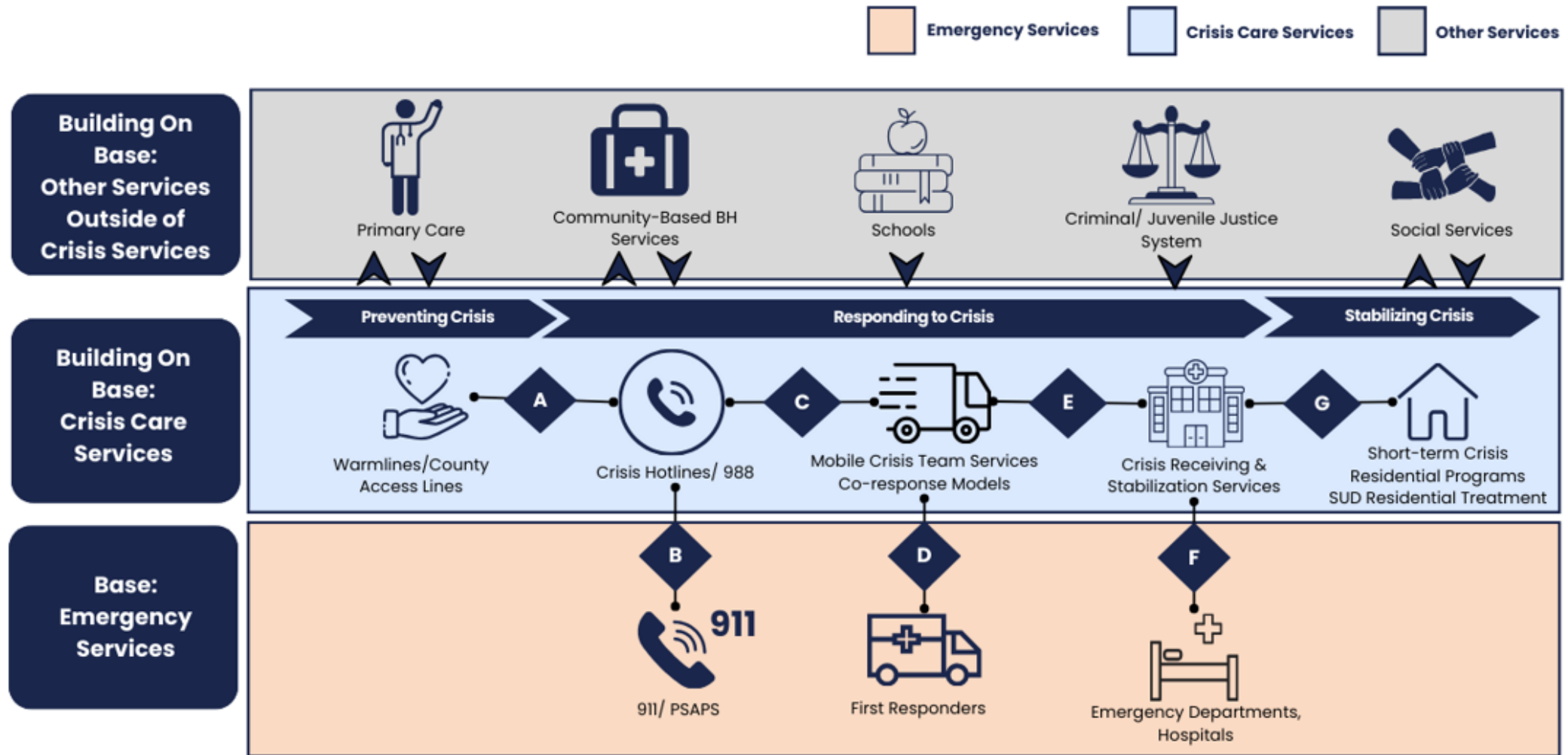
Responding to Crisis
Hotlines <ul style="list-style-type: none"> • Operate 24/7/365 • Answer all calls (or coordinate back-up) • Offer text / chat capabilities • Be staffed with clinicians overseeing clinical triage
Mobile Crisis Services <ul style="list-style-type: none"> • Operate 24/7/365 • Staffed by multidisciplinary team meeting training, conduct, and capability standards • Respond where a person is • Include licensed and/or credentialed clinicians

Stabilizing Crisis	
Crisis receiving and stabilization services <ul style="list-style-type: none"> • Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model • Offer on-site services that last less than 24 hours • Accept all appropriate referrals • Design services for mental health and substance use crisis issues • Offer walk-in and first responder drop-off options • Employ capacity to assess & address physical health needs 	Post-Crisis Step-Down Services, such as (LT) <ul style="list-style-type: none"> • Partial hospitalization • Supportive housing Sobering Center
Peer Respite In-Home Crisis Stabilization Crisis Residential Treatment Services <ul style="list-style-type: none"> • Operate 24/7/365 	

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

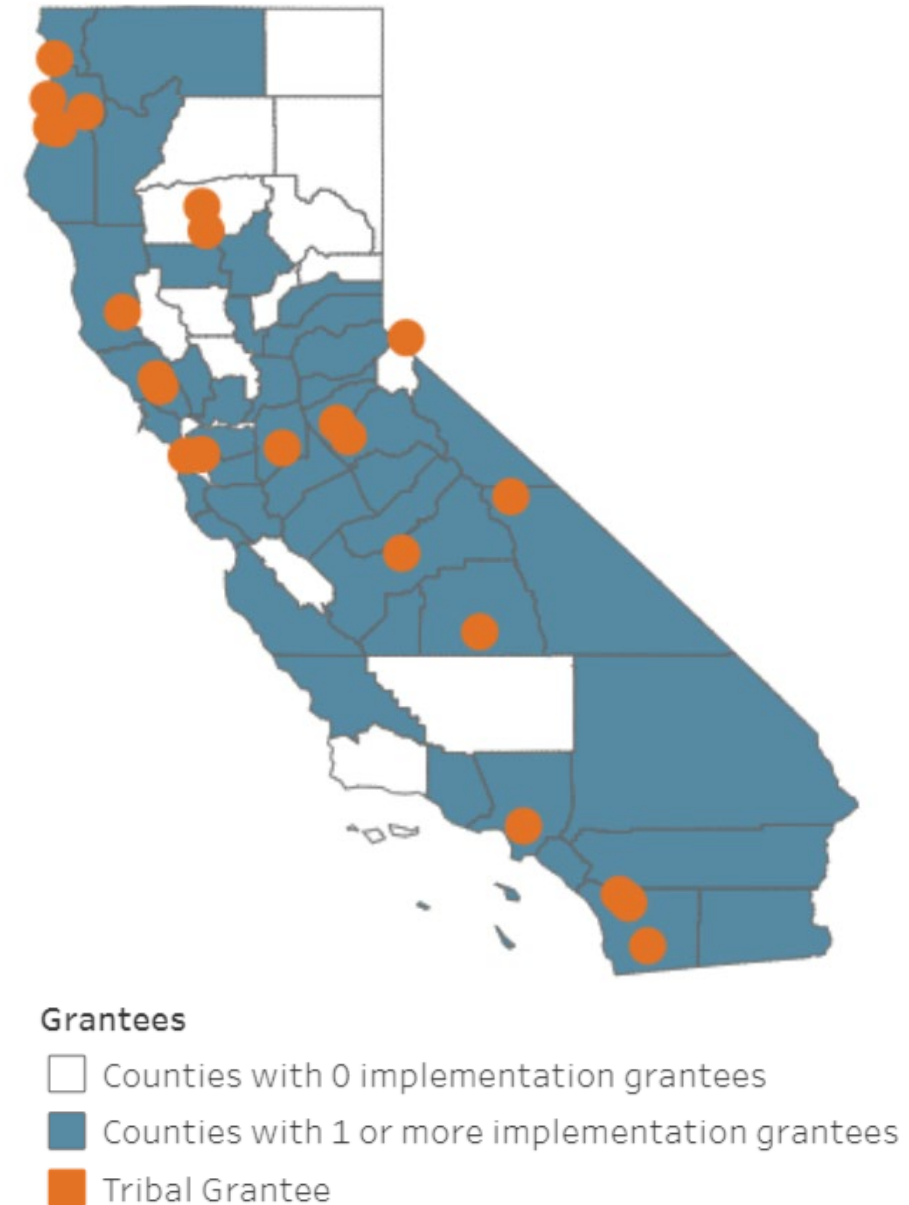


Transitions in Crisis Care (non-exhaustive)



California Context

- **988 Crisis Centers**
 - 12 988 crisis centers with over 1,100 staff
 - 988 crisis centers answered 381,534 contacts during 1st year of 988 implementation (July 2022 – June 2023)
 - July 2023 – June 2024: answered 380,123 calls, 29,910 texts and 12634 chats (422,667 contacts)
- **Public Safety Answering Points (PSAPs)**
 - 450 PSAPs
 - Receive about 27 million calls per year
- **Mobile Crisis Response Teams**
 - State Crisis Care Mobile Units (CCMU) Program Grant: 363 mobile crisis teams created or enhanced across 48 behavioral health authorities and 24 tribal entities.
- California is building its own state-based 988 platform, the California 988 Contact Handling System



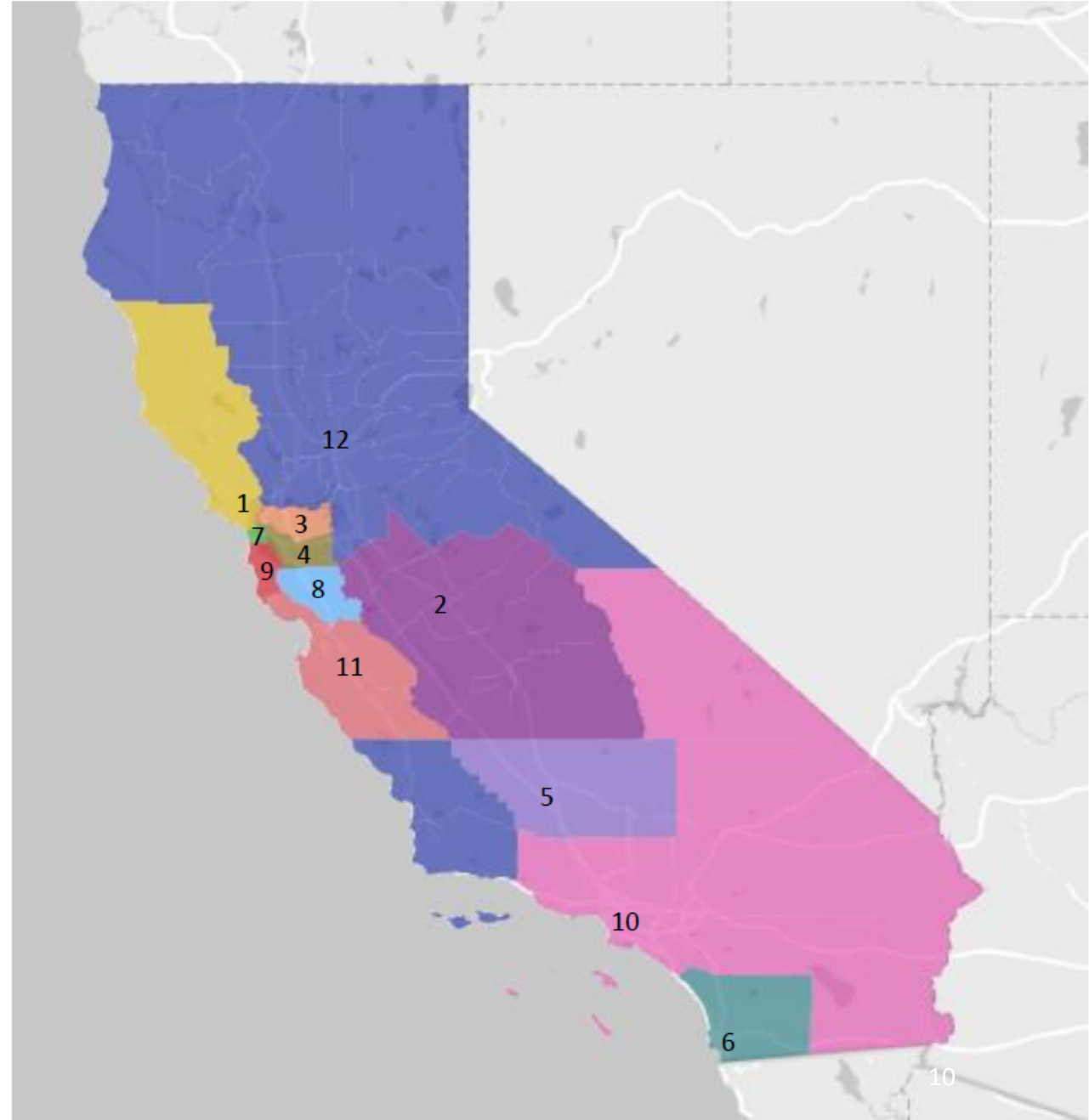
California 988 System for Calls, Chat and Text

The California Office of Emergency Services is creating the CA 988 Contact Handling System (CA 988 CHS). Benefits include:

- Integrated cybersecurity and active system monitoring
- Reliability and availability based on 911 system standards
- Full interoperability between 911 and 988
 - Transfers from 988 to 911 are on a priority line just like a 911 call
 - Transfers from 911 to 988 are geospatially routed to the correct 988 center based on 911 location
 - Approved information and data from 988 can be sent to the 911 system
 - Reduces workload and response because no need to verbally relay information
 - Direct Chat features are supported between 988 and 911
 - Ability to share videos, photos, and other multimedia data
 - Load sharing between all systems based on rules and requirements

California 988 Suicide and Crisis Lifeline Centers (December 2023)

1	Buckelew Suicide Prevention Program
2	Central Valley Suicide Prevention Hotline – Kings View
3	Contra Costa Crisis Center
4	Crisis Support Services of Alameda County
5	Kern Behavioral Health & Recovery Services Hotline
6	Optum
7	San Francisco Suicide Prevention Felton Institute
8	Santa Clara County Suicide and Crisis Services
9	StarVista
10	Suicide Prevention Center - Didi Hirsch Mental Health Services
11	Suicide Prevention Service of the Central Coast
12	WellSpace Health





CalHHS 988- Crisis Project Highlights



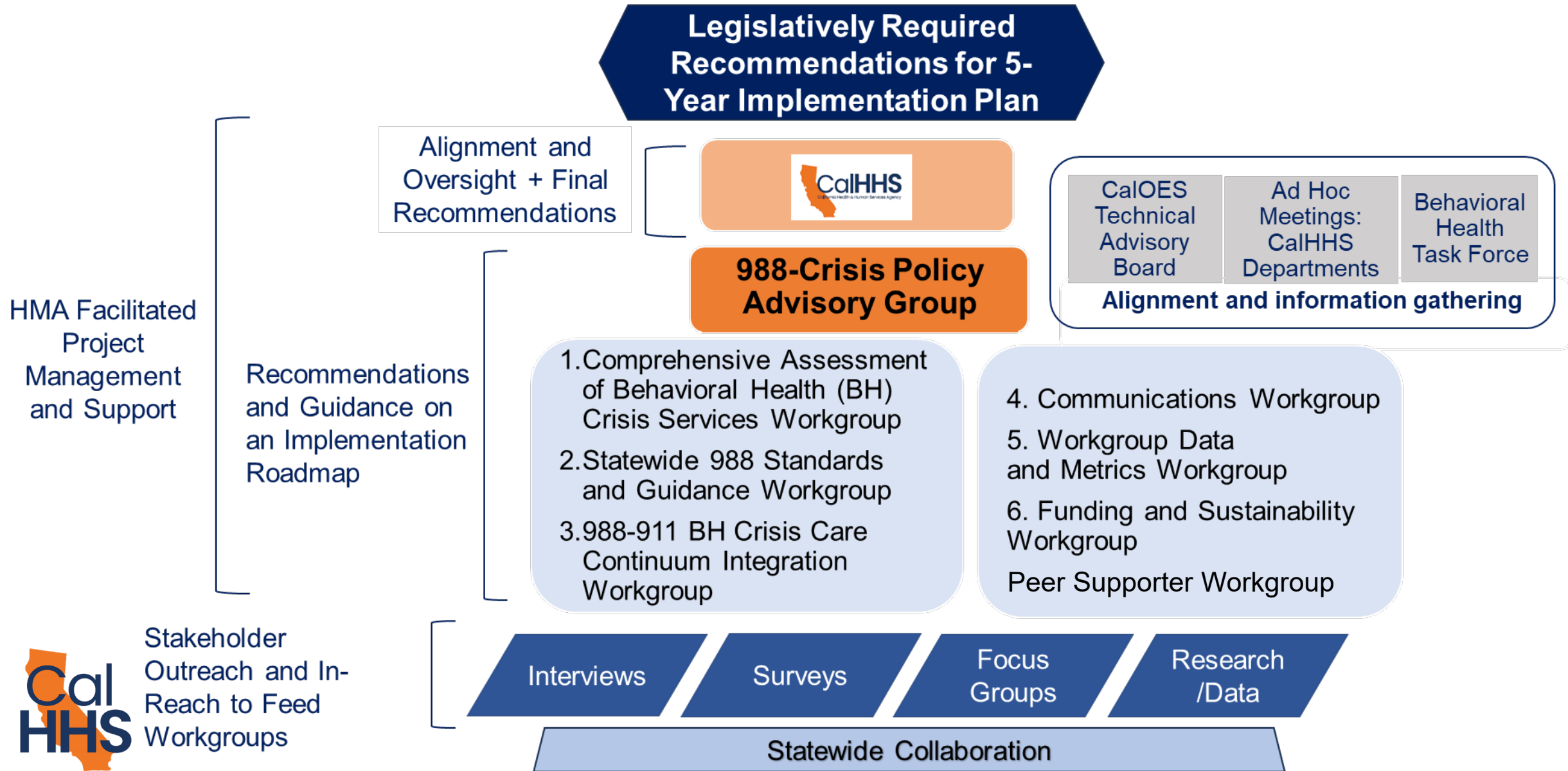
AB 988 Legislation

The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022:

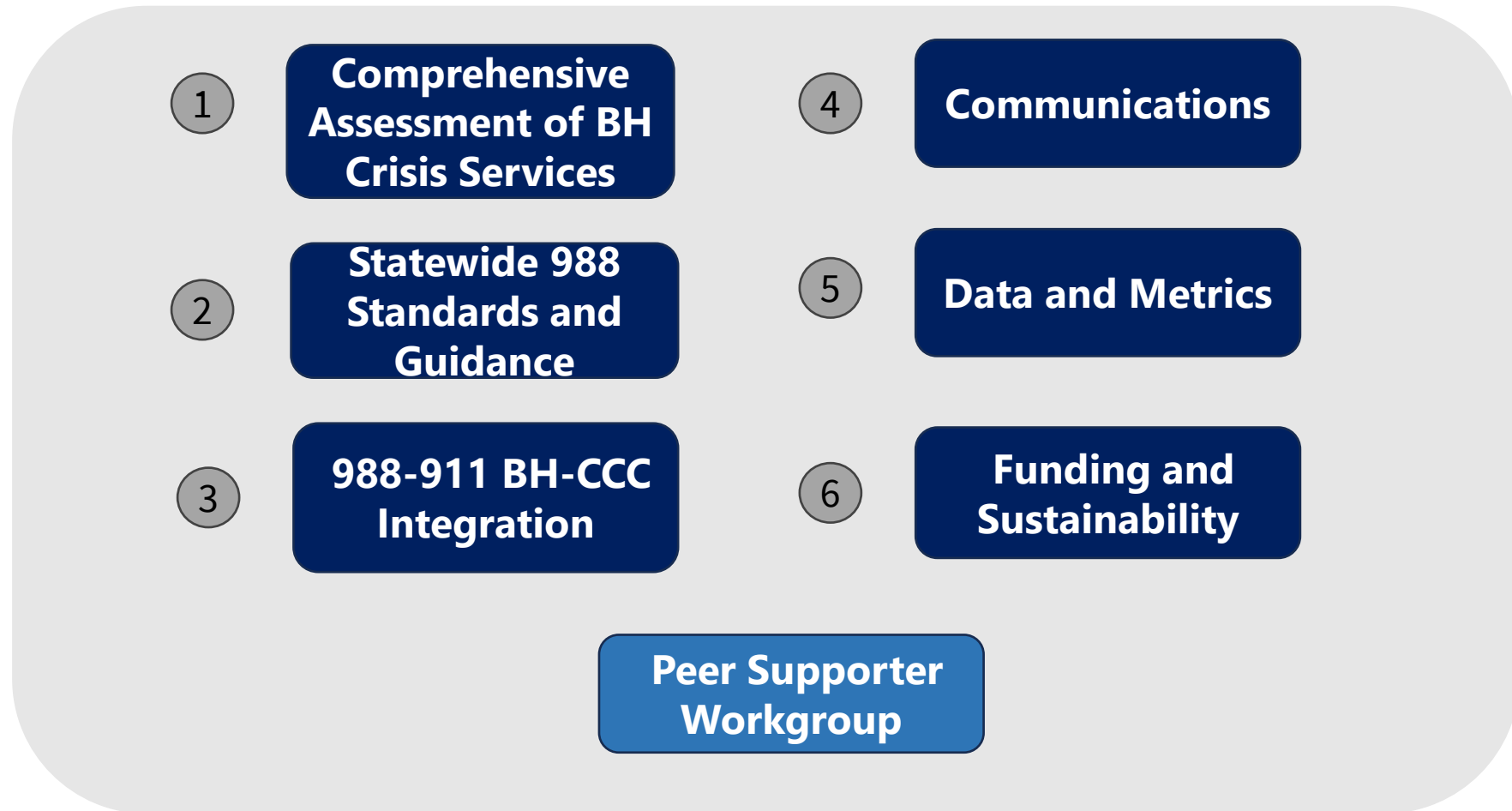
- Creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state [988 Technical Advisory Board](#)
- Requires CalHHS to convene a state 988 policy advisory group ([988-Crisis Policy Advisory Group](#)) to advise on a set of recommendations for the **five-year implementation plan** for a comprehensive 988 system by December 31, 2024
 - AB 988 underwent further modifications in [AB 118](#), the trailer bill that incorporates the implementing language of the California State Budget.
 - Requires CalHHS to **post regular updates**, no less than annually, regarding the implementation of 988 on its public internet website, until December 31, 2029



AB 988 Organizing Structure



988-Crisis Workgroups



Policy Advisory Group Meeting Schedule

#	Topics	Date
1	<ul style="list-style-type: none"> Orientation to the Process and Workgroups Relationship Building 	12/13/23
2	<ul style="list-style-type: none"> Grounding in CCC-P and Comprehensive Assessment Approach Breakouts on Access, Equity, Coordination 	2/7/24
3	<ul style="list-style-type: none"> Information from Comprehensive Assessment Draft recommendations for Standards and Guidance and Integration 	4/24/24
4	<ul style="list-style-type: none"> Discussion of Data, Goals and Metrics Draft recommendations for Communications 	6/26/24
5	<ul style="list-style-type: none"> Discussion of Community Engagement Continued discussion of other emerging recommendations 	8/14/24
6	<ul style="list-style-type: none"> Review draft 5-year implementation plan Review finance and sustainability, governance, peers 	9/18/24
	PUBLIC COMMENT PERIOD	10/15 – 11/1/24
7	Final Policy Advisory Group Meeting: review of the implementation plan	11/20/24

Overview of Engagement and Input (So Far)

- Six (6) public 988-Crisis Policy Advisory Group (PAG) Meetings (43 members)
- Twenty-one (21) public meetings of seven Workgroups (140 members)
- Thirteen (13) focus groups with populations with lived experience or otherwise impacted by crisis services (90 participants)
- Over eighty-five (85) interviews with PAG members, community groups and advocacy organizations, county behavioral health departments, tribal community members, 988 Crisis Centers and other crisis-related service partners (e.g., hospital emergency department, mobile crisis team, crisis stabilization unit, sobering center, peer respite, law enforcement, school-based services, etc.)

Community Engagement via Focus Groups and Key Informant Interviews

Received targeted feedback from:

- A diverse group of individuals with lived behavioral health experience and/or encounters with the behavioral health crisis system
- Families who have lost a loved one to suicide

Key populations of focus:

- Racial/ethnic diversity (BIPOC, Tribal, etc.)
- Sexual orientation diversity (LGBTQ+, Trans, etc.)
- Age diversity (Youth, Adults, Seniors)
- Geographic diversity (Urban, Rural)
- Other special populations
 - Transition Age Youth (foster)
 - Justice Involved
 - Formerly Unhoused
 - Mothers with Children

Note: Additional interviews, surveys, and information gathering is taking place with county/regional crisis providers, call centers, and emergency response teams as part of the required comprehensive assessment. Interviews occurred with advocates for youth and persons with disabilities.

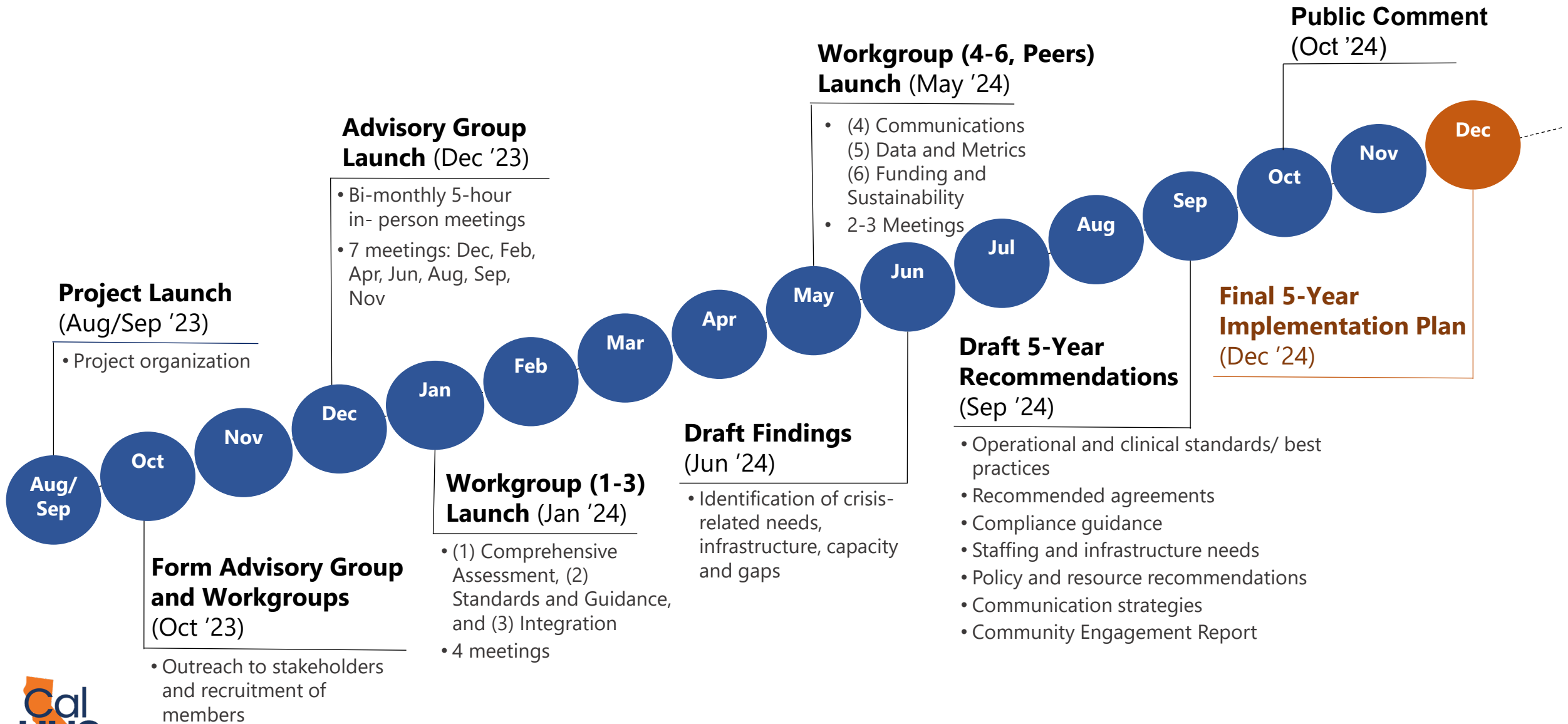
Tribal Engagement

CalHHS has onboarded a tribal 988 consulting team, Kauffman and Associates, to support the development of the implementation plan with:

- Recommendations to specifically reach untapped 988 end-user groups (Native youth, elders, and Native grassroots organizations), including Native-specific communication strategies and materials
- Recommendations from Tribal communities on the 988-crisis system and continuum, including gaps and needs in tribal communities
- Insight into California tribal 988 systems and successes and/or barriers to statewide coordination between 988, 911, and behavioral health crisis services



Key Milestones





Draft Implementation Plan: highlights



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 ▪ Services that are delivered regardless of insurance/payer source

Organizing Framework – Foundational Principles

1. All Californians, regardless of insurance coverage, location, or other factors, should have timely access to quality crisis care.
2. Californians should have access to 988 through phone, text and chat 24/7 with contacts answered, whenever possible, in state by 988 Crisis Centers with knowledge of how to connect with local resources.
3. Individuals in crisis should have access to timely therapeutic/appropriate care (and reduce unnecessary law enforcement involvement where possible).
4. Individuals seeking help should be connected to a crisis care continuum that prioritizes community-based support and focuses on preventing further crises and trauma.

Organizing Framework

Vision

 **Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians**

Goals



Cross-Cutting Recommendations

E (1) Equity (2) Funding and Sustainability (3) Data and Metrics (4) Peer Support



Five-Year Implementation Plan for comprehensive 988 crisis system

- The Implementation Plan is grounded in recommendations by the Policy Advisory Group to the State (via a set of “should” statements)
- The focus of the Plan is on the integration of 988 into the Crisis Care Continuum and in the context of overall behavioral health transformation work in California
- The draft implementation activities focus on areas where the state has responsibility and accountability for coordinating behavioral health transformation efforts – at various stages of development – at the statewide level
- To get to a next level of detail on implementation activities will require time, resources, and ongoing community engagement

Goal C: High-quality 988 response

Support the 988 system in delivering high-quality response for all Californians

Recommendation	Implementation Activities (examples) DRAFT
<p>C.1. The State should support 988 Crisis Centers in meeting current national standards.</p>	<ul style="list-style-type: none"> a. Assess the current 988 network’s capacity to meet existing key performance indicators b. Evaluate existing staffing needs and identify mechanisms to assess future staffing needs to support the core requirements of 988 Crisis Centers c. Evaluate existing national training standards for 988 Crisis Counselors to determine adequacy to meet state needs d. Determine best practices and provide resources to 988 Crisis Centers to mitigate compassion fatigue and burnout among crisis counselors
<p>C.2. Building on national standards, and best practices to ensure trauma-informed, person-centered, and culturally responsive care, the state should establish state-specific standards for staffing and training to equip 988 Crisis Centers to respond to suicide, mental health, and substance use-related 988 contacts.</p>	<ul style="list-style-type: none"> a. Identify mechanisms to aid 988 Crisis Centers with contact volume projections and growth forecasting b. Establish scope of services for 988 Crisis Centers to meet California’s vision c. Align staffing standards with the evolving scope of services for 988 Crisis Centers d. Establish statewide training standards for 988 Crisis Centers inclusive of behavioral health crises, including those associated with suicide, mental health and substance use e. Establish a process for state-level monitoring and support, inclusive of technical assistance, to meet state and national quality standards
<p>C.3. The State should have a process to review, designate and re-designate California 988 Crisis Centers</p>	<ul style="list-style-type: none"> a. Develop a process to continually assess the overall capacity of the 988 Crisis Center network to meet federal and state requirements b. Support 988 Crisis Centers to expand scope of services and capacity to address BH crises inclusive of mental health and substance use challenges. c. Establish a process to review, designate and re-designate 988 Crisis Centers to meet network coverage needs and to connect help seekers to local resources.

Goal D: Integration of 988 and the continuum of services

Increase coordination of behavioral health crisis services

Recommendation	Implementation Activities (examples) DRAFT
<p>D.1 The State should promote collaboration and coordination of state, county and regional behavioral health and cross sector partners to connect individuals in behavioral health crises to immediate and ongoing care</p>	<ul style="list-style-type: none"> a. Evaluate how 988 Crisis Centers coordinate with 911 Public Safety Answering Points (PSAPs), County Behavioral Health, Emergency Medical Services (EMS) and others b. Support the development and updating of resource directories to ensure 988 Crisis Centers have information on local response and safe places to go c. Align coordination efforts with technology solutions
<p>D.2. The State should support connection, coordination and referrals of 988 help seekers to timely and effective community-based, culturally competent crisis response, including mobile crisis dispatch, when appropriate</p>	<ul style="list-style-type: none"> a. Identify mechanisms to build and sustain 24/7 Medi-Cal Mobile Crisis Teams b. Identify mechanisms to build and sustain 24/7 all payer Mobile Crisis Teams c. Assess gaps in community-based crisis response and identify strategies to address gaps d. Propose guidelines to support the technology to connect between 988 Crisis Centers and emergency response (LE, EMS, Fire)
<p>D.3. The State should assist communities in expanding the range of facilities and services to individuals during and after a behavioral health crisis</p>	<ul style="list-style-type: none"> a. Explore a statewide process to inventory existing services/facilities that stabilize crisis including entry and exclusion criteria and funding sources b. Develop policy recommendations to address insurance coverage and local sustainability challenges for county and community providers of services that stabilize crisis. c. Build on Behavioral Health Continuum Infrastructure Program (BHCIP), California Advancing and Innovating Medi-Cal (CalAIM) and other initiatives to increase the availability of alternative models including Peer Respite, Sobering Centers, and traditional Crisis Residential Treatment Programs



Next Steps



Upcoming Events

Event / Date	Location
Draft five-year implementation plan + community engagement report will be posted on October 15, 2024	CalHHS 988 website 988-Crisis Policy Advisory Group - California Health and Human Services
October 17, 2024, 11:00AM-12:30PM PDT Informational Webinar	Zoom webinar Register here
October 15 through November 1, 2024 Public comment period for draft plan	Send feedback/comments to AB988info@chhs.ca.gov
November 20, 2024 10 am – 3 pm PDT	Allenby Building, Sacramento Zoom link available 10 days prior at 988-Crisis Policy Advisory Group - California Health and Human Services

Draft Plan for PAG Review Distributed in Advance

For more information:

- Please email [CHHS AB988Info <AB988Info@chhs.ca.gov>](mailto:AB988Info@chhs.ca.gov)
- Visit [CalHHS's 988 Suicide and Crisis Lifeline Webpage](#)
- [Visit 988-Crisis Policy Advisory Group - California Health and Human Services](#)

988 Suicide & Crisis Lifeline

The 988 Lifeline is an easy to remember three-digit number that anyone can call to receive support when experiencing a suicidal, mental health and/or substance use- related crisis. To reach the Lifeline, people can call or text 988 or chat at Lifeline (988lifeline.org). People who are worried about a loved one who may need crisis support may also use 988 to receive guidance and support. This number is in addition to existing national, state-wide, and local call lines for emergency and non-emergency support.

 Text/Chat 988

There are additional national, state-wide, and local call lines for emergency and non-emergency support.

- [988 Suicide and Crisis Lifeline FAQ](#)
- [Relationship between 988 and 911 FAQ](#)
- Additional information regarding 988 can be found on [SAMHSA's 988 Website](#), including answers to [Frequently Asked Questions](#).



Questions?

