



Workgroup 2: Statewide Standards & Guidance

Meeting 4, April 9, 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 visible, labeled Participant 1 through Participant 6. Below this, a central 2x2 grid of larger thumbnails shows Participant 4, Participant 2, Participant 3, and Participant 1. The bottom toolbar contains various controls: Unmute, Start Video, Participants (9), Chat, Share Screen, Record, Show Captions, Raise Hand, Apps, Whiteboards, and a Leave button. A chat window on the right is titled "Webinar Chat" and shows a message from Betsy Uhrman to Hosts and panelists: "Hello".





The chat is available for workgroup members.

Note that the chat transcript will be included in the meeting summary, which will be posted on the CalHHS 988 Policy Advisory Group website.



Welcome

Meeting 3 Objectives

1. Continue operationalizing what we've heard
2. Confirm action items and next steps
3. Hear public comment

Agenda

1. Review of Agenda and Session Objectives
2. Check-in/Project Updates
3. Brief Review of Previous Meeting
4. Operationalizing What We've Heard
5. Public Comment Period
6. Next Steps

Policy Advisory Group Members (1)*

- **Amanda Levy**, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- **Anete Millers**, Director of Regulatory Affairs, California Association of Health Plans (CAHP)
- **Ashley Mills**, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)
- **Bianca Christian**, Associate Therapist, California Coalition for Youth
- **Brenda Grealish**, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)
- **Budge Currier**, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)
- **Chad Costello**, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- **Christine Stoner-Mertz**, Chief Executive Officer, CA Alliance of Child and Family Services
- **Doug Subers**, Director of Governmental Affairs, California Professional Firefighters
- **Erika Cristo**, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Elizabeth Basnett**, Director, California Emergency Medical Services Authority (EMSA)
- **Jana Lord**, Chief Operating Officer, Sycamores
- **Jeff Hebert**, 911 Communications Coordinator, San Diego Sheriff's 911
- **Jennifer Oliphant**, Hope For Tomorrow Program Director, Two Feathers Native American Family Services
- **Jessica Cruz**, Chief Executive Officer, National Alliance on Mental Illness (NAMI) – California
- **John Boyd**, Vice President Behavioral Health and Wellness, Kaiser Permanente, Northern California
- **Kenna Chic**, Former President of Project Lighthouse, California Health Care Foundation
- **Keris Jän Myrick**, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)
- **Kirsten Barlow**, Vice President, Policy, California Hospital Association (CHA)



* Note: 988-Crisis Advisory Group members represent diverse expertise, experience (including lived experience), and diversity of thought. For purposes of this list, only members' professional affiliations are indicated.

Policy Advisory Group Members (2)

- **Lan Nguyen**, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- **Le Ondra Clark Harvey**, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)
- **Lee Ann Magoski**, Director of Emergency Communications, Monterey County
- **Lei Portugal Calloway**, Certified Medi-Cal Peer Support Specialist, Telecare Orange County
- **Melissa Lawton**, Chief Program Officer, Seneca Family of Agencies
- **Michael Tabak, Lieutenant**, San Mateo County Sheriff's Office
- **Michelle Doty Cabrera**, Executive Director, County Behavioral Health Directors Association (CBHDA)
- **Miguel Serricchio**, Executive Vice President, LSQ Funding Group
- **Nancy Bargmann**, Director, California Department of Developmental Services
- **Peggy Rajski**, Founder and Interim CEO, The Trevor Project
- **Phebe Bell**, Behavioral Health Director, Nevada County
- **Rayshell Chambers**, Commission Member, Mental Health Services Oversight and Accountability Commission
- **Rebecca Bauer-Kahan**, CA State Assemblymember/Author of AB988, State of California, AD 16
- **Rhyan Miller**, Behavioral Health Deputy Director Integrated Programs, Riverside County
- **Robb Layne**, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)
- **Robert Smith**, Chairman, Pala Band of Mission Indians
- **Roberto Herrera**, Deputy Secretary, Veterans Services Division, California Department of Veterans Affairs (CalVet)
- **Ryan Banks**, CEO, Turning Point of Central Valley, Inc.
- **Shari Sinwelski**, Vice President of Crisis Care, Didi Hirsch
- **Sohil Sud**, Director, Children & Youth Behavioral Health Initiative (CYBHI), California Health and Human Services Agency (CalHHS)
- **Stephanie Welch**, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)
- **Susan DeMarois**, Director of California Department of Aging (CDA)
- **Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute
- **Taun Hall**, Executive Director, The Miles Hall Foundation

Statewide Standards and Guidance Workgroup 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 Whittaker**, Molina Healthcare
- **Ivy Song**, University of California Davis
- **Karla Luna**, Kings View 988 Center
- **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



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
- 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

Reminder: Workgroup Communication

- Meetings of the Workgroup shall be open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements
 - Not allowed: A chain of communications involving contact from member A to member B who then communicates with member C or when a person acts as the hub of a wheel (member A) and communicates individually with the various spokes (members B and C)

Meeting 2 Summary

- Review and discussed “what we’ve heard to date”
- Discussed in greater detail how we might operationalize two areas that have emerged – substance use and trauma-informed/culturally-responsive services.

AB988 and What We've Heard To Date

(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

What We've Heard

Vision & Service Philosophy

988 Crisis Centers should:

- Be available 24/7 through phone, text, and chat to all Californian's
- Continue to serve as a place to call/connect for individuals in crisis
- Serve as a navigator to other resources
- Connect callers to the least restrictive form of response available
- Strive to reduce police involvement when possible and appropriate
- Provide services in a culturally-responsive, trauma informed way

Scope of Crisis Centers

- The state should define the scope of services of 988 Crisis Centers
- 988 Crisis Centers should be prepared to handle callers with substance use, mental health, IDD, and physical health needs.
- 988 Crisis Centers should – at a minimum – coordinate mobile crisis dispatch (if not dispatch directly)
- Calls, texts, and chats should be responded to by 988 Crisis Centers in California whenever possible

Crisis Counselors & Training

The state should develop:

- Standards that define minimum qualification requirements for Crisis Counselors and core competencies
- Training standards, informed by the 988 Crisis Centers scope of services and the roles of Crisis Counselors. In developing training standards, the state should be cognizant of what is already required by Vibrant.

Outcomes

- The state should develop standards for the oversight and monitoring of 988 Crisis Centers
- The state should develop standard measurements to assess Call Counselor competencies

Meeting 2 Summary - Operationalizing What We've Heard (1)

Definition of SUD Capable:

- Understand the effects of opioids and solutions.
- Standardized trainings across centers
- Not screening, but listening for needs during the course of calls

Proposed Component	Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
SUD Capable	<ul style="list-style-type: none"> • Understand effects of opioids • Understanding drug induced psychosis • Understanding of different types of responses, based on needs • Supporting family members who may call • Supporting individuals calling about third parties • Value neutral approach • Risk Assessment • Promoting harm reducing behaviors • Stigma reduction 	<ul style="list-style-type: none"> • Pre/post-test of knowledge, awareness, confidence. Measured verbally (not just written). E.g., scenarios/call recordings, etc. • Caller satisfaction • More SUD resources provided (pre/post-trainings) 	<ul style="list-style-type: none"> • Identify existing sources of trainings (Vibrant and others) • Consider pros/cons of screening tools (balancing needs, potential increased wait times, callers desires, etc.)

What needs to happen first? What should be phased in over time?

- Addressing risk of death first

Meeting 2 Summary - Operationalizing What We've Heard (2)

Proposed Component	Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
Culturally Responsive and Trauma Informed	<ul style="list-style-type: none"> Terminology Understanding of racial and historical trauma Understanding the use of accommodations and how that works on the line Linkage to culturally-specific resources Intersectionality Linguistic access Counselors with experience with active/passive suicide intent and attempts Mirroring language and tone (discussing more like peers) Baseline vs more specialized trainings. Understanding the types of communication needs of people with disabilities such as facilitated communication Understanding of communication/non-verbal communications & possible calls from family/third parties. Understanding implications of sensory needs of individuals with disabilities Understanding different types of disabilities and how they can lead to crisis calls Understanding scripting as indication of potential crisis 	<ul style="list-style-type: none"> Caller feedback Staff surveys Number of culturally-competent partnerships made Incident reporting Wait times for interpretation/ accommodation services Community awareness of the 988 service Caller demographics vs community demographics Assessing skills verbally (scenarios, calls, etc.) Comfort of counselors asking about and listening for culturally specific needs and concerns 	<ul style="list-style-type: none"> How to navigate HIPAA when asking about lived experience of staff Specific line/number for specialized care (e.g., push #3 for LGBTQIA+ line). Get additional information on sub-networks/triage tree (LGBT, Veterans, Spanish speaking) Need for native line in CA? How to not complicate calling process – consider capacity (right now, specialty lines are answered nationally). Wait times concerns. Better understand who does/can/should answer specialty lines (shared identity vs competency). Yolanda to provide a list of trainings/trainers Explore other ways to ask risk assessment questions in way that doesn't turn off caller

What needs to happen first? What should be phased in over time?

- All of this should be sprinkled across all work (not just training, but building in throughout)
- Prioritize hiring of counselors who reflect community and identify culturally-responsive resources
- Understanding use of accommodations to ensure access to all

Things to happen later in implementation plan?

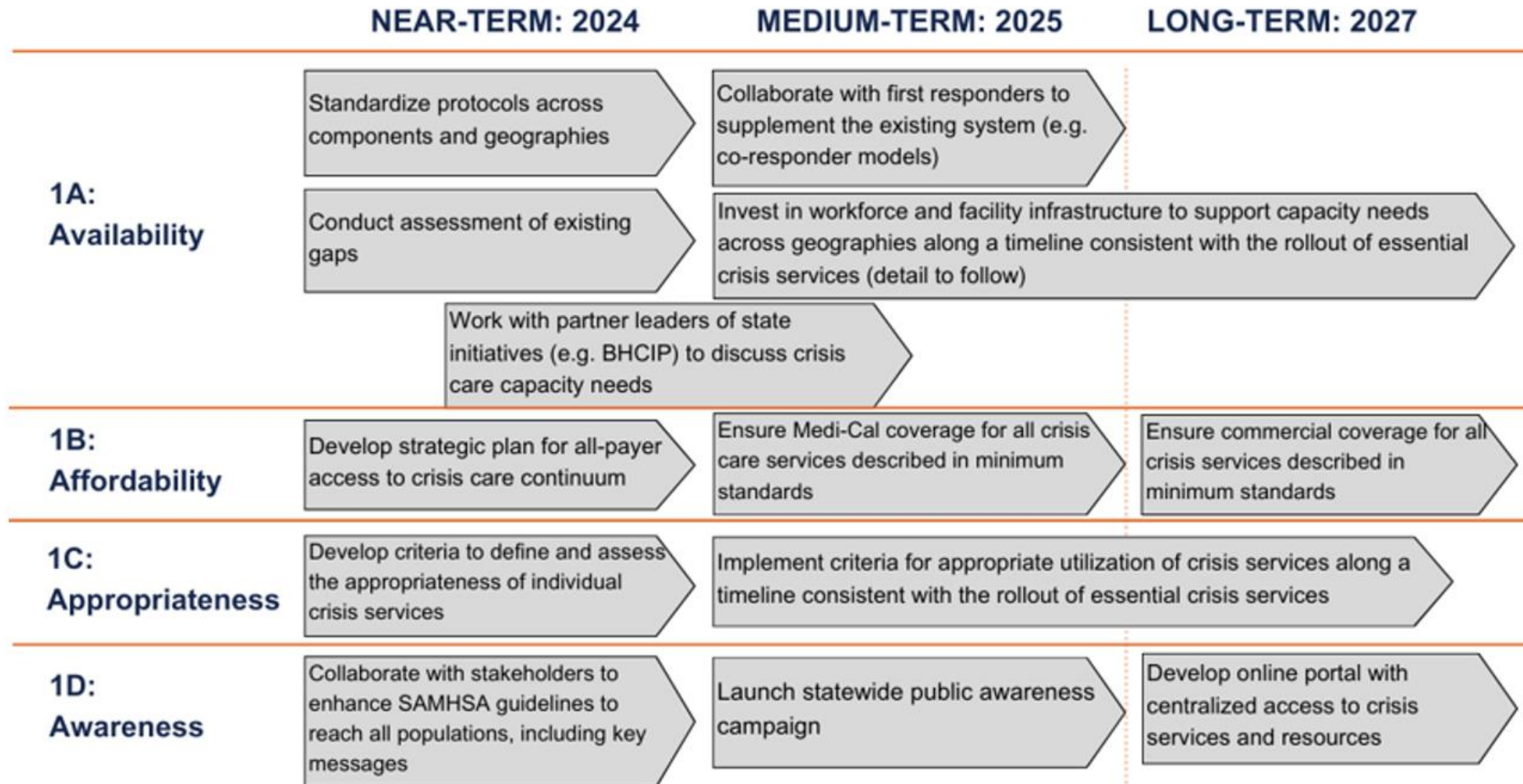
- Spread out some trainings to not overwhelm counselors (or dissuade counselors from joining).

Timing of Implementation

- An outcome of our work – in conjunction with the work of the Policy Advisory Group, other Workgroups, the 988 Project Team, and others – is the creation of a 5-Year Implementation Plan.
- The 5-Year timeframe recognizes that change does not happen overnight.
- Activities will be sequenced so as to continue our progress toward a crisis system that meets the needs of *all* Californians, without overwhelming the system during the process.

Timing of Implementation – Example from CCC-P

The example below is provided strictly to show how efforts can be sequenced over time.





Operationalizing What We've Heard

Operationalizing What We've Heard (1)

- We'd like to solicit deeper input on how we might operationalize some of the key things we've heard. This input will help to inform the **accountability and oversight structure** that the state could put forth to support this expansion.
- For each identified service component, we'll discuss:
 - Skills, Competencies, Trainings Needed
 - Proposed Measures of Progress/Success
 - Resources/support needed to close the gap between current offerings and future state
 - What needs to happen first? What should be phased in over time?
- **Areas identified for today's discussion include:**
 - Intellectual and Developmental Disabilities (IDD)
 - Physical Health
 - Mental Health (outside of suicide/crisis)

Operationalizing What We've Heard (2)

Intellectual and Developmental Disabilities (IDD)

Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
<ul style="list-style-type: none">• Understanding the types of communication needs of people with disabilities such as facilitated communication• Understanding of communication/non-verbal communications & possible calls from family/third parties.• Understanding implications of sensory needs of individuals with disabilities• Understanding different types of disabilities and how they can lead to crisis calls• Understanding scripting as indication of potential crisis••••	<ul style="list-style-type: none">• Wait times for interpretation/ accommodation services•••	<ul style="list-style-type: none">• Yolanda to provide a list of trainings/trainers•••

Operationalizing What We've Heard (3)

Intellectual and Developmental Disabilities (IDD)

Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
<ul style="list-style-type: none"> • Understanding the types of communication needs of people with disabilities such as facilitated communication • Understanding of communication/non-verbal communications & possible calls from family/third parties. • Understanding implications of sensory needs of individuals with disabilities • Understanding different types of disabilities and how they can lead to crisis calls • Understanding scripting as indication of potential crisis • • • • 	<ul style="list-style-type: none"> • Wait times for interpretation/ accommodation services • • • 	<ul style="list-style-type: none"> • Yolanda to provide a list of trainings/trainers • • •

What needs to happen in Year 1? What needs to happen in Years 2 – 3? Years 4 – 5?

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Operationalizing What We've Heard (4)

Physical Health

Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
<ul style="list-style-type: none">••••	<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

Operationalizing What We've Heard (5)

Physical Health

Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
<ul style="list-style-type: none">••••	<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

What needs to happen in Year 1? What needs to happen in Years 2 – 3? Years 4 – 5?
:
:

Operationalizing What We've Heard (6)

Mental Health (Non- Suicide/Crisis)

Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
<ul style="list-style-type: none">••••	<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

Operationalizing What We've Heard (7)

Mental Health (Non- Suicide/Crisis)

Skills/ Competencies/ Trainings Needed	Proposed Measures of Progress/ Success	Resources and Possible Supports Needed
<ul style="list-style-type: none">••••	<ul style="list-style-type: none">•••••	<ul style="list-style-type: none">•••••

What needs to happen in Year 1? What needs to happen in Years 2 – 3? Years 4 – 5?
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Where We Go From Here

Where We Go From Here (1)

Thank you all for participating in the Statewide Standards and Guidance Workgroup!

As you might sense....the work is not done. Below is an overview of what happens next and how your feedback will be utilized.

- 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 – Brenda Grealish and Lei Portugal Calloway – 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.

Where We Go From Here (2)

If you enjoyed this process, there are other ways to stay involved.

- Attend upcoming Policy Advisory Group meetings (next meeting is April 24).
- Consider joining or attending meetings of the next set of Workgroups:
 - Communications
 - Data and Metrics
 - Funding and Sustainability
- Continue to share your thoughts and perspectives! You can reach the project team through the AB988Info@chhs.ca.gov.



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 Workgroup members to respond to their comments directly.

Public Comment Sign-Ups

- 1.
- 2.
- 3.



Action Items and Next Steps

Action Items and Next Steps

- All information from today's meeting will be posted on the CalHHS website on the 988-Policy Advisory Groups webpage: [Link to Website for CalHHS 998 Crisis Policy](#)



Adjourn