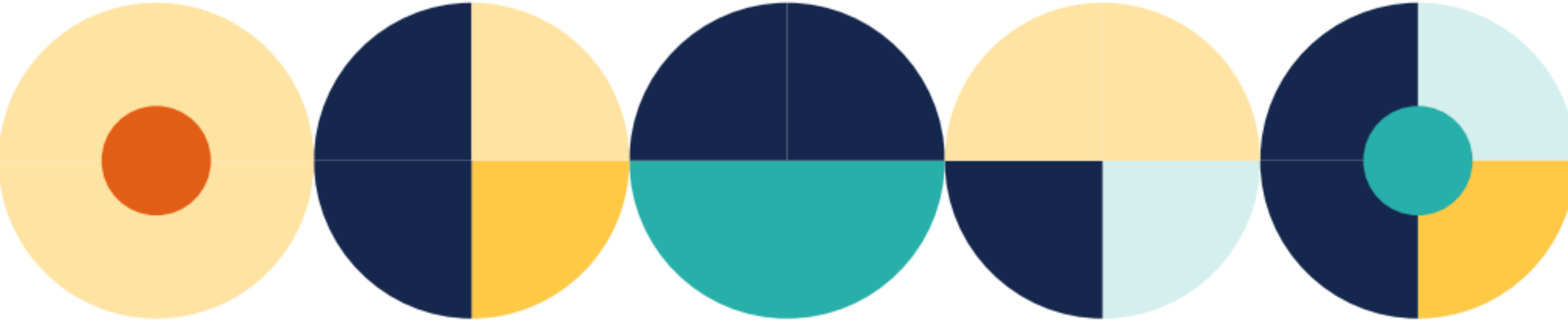**988-Crisis Project**
September 5th, 2024

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

Agenda

- Background
- CalHHS 988-Crisis Project Highlights
- Draft Recommendations – Data and Metrics
- Next Steps

Background

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
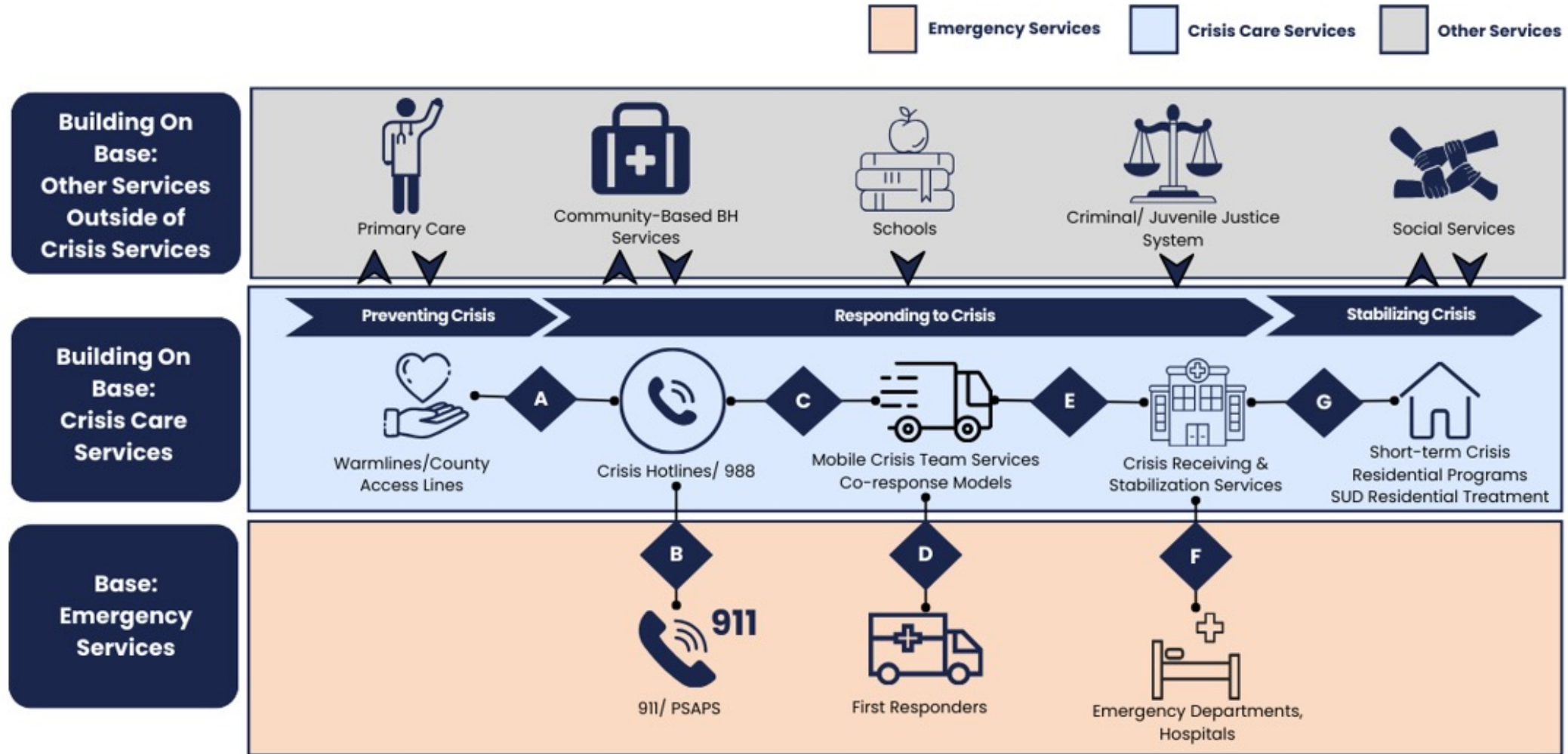
California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 21.

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California Health & Human Services Agency

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
- CYBHI digital platform: Brightlife and Soluna

Community Based Behavioral Health Services:
- Community-based social services
- School-based and school-linked services
- Primary care clinics and FQHCs
- Outpatient BH care
  - 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
- 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
- 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
- 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

Peer Respite
In-Home Crisis Stabilization
Crisis Residential Treatment Services
- Operate 24/7/365

Post-Crisis Step-Down Services, such as (LT)
- Partial hospitalization
- Supportive housing

Sobering Center

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Transitions in Crisis Care (non-exhaustive)

Emergency Services | Crisis Care Services | Other Services

Building On Base: Other Services Outside of Crisis Services
- Primary Care
- Community-Based BH Services
- Schools
- Criminal/ Juvenile Justice System
- Social Services

Preventing Crisis → Responding to Crisis → Stabilizing Crisis

Building On Base: Crisis Care Services
- Warmlines/County Access Lines
- A
- Crisis Hotlines/ 988
- C
- Mobile Crisis Team Services Co-response Models
- E
- Crisis Receiving & Stabilization Services
- G
- Short-term Crisis Residential Programs SUD Residential Treatment

Base: Emergency Services
- B — 911 — 911/ PSAPS
- D — First Responders
- F — Emergency Departments, Hospitals

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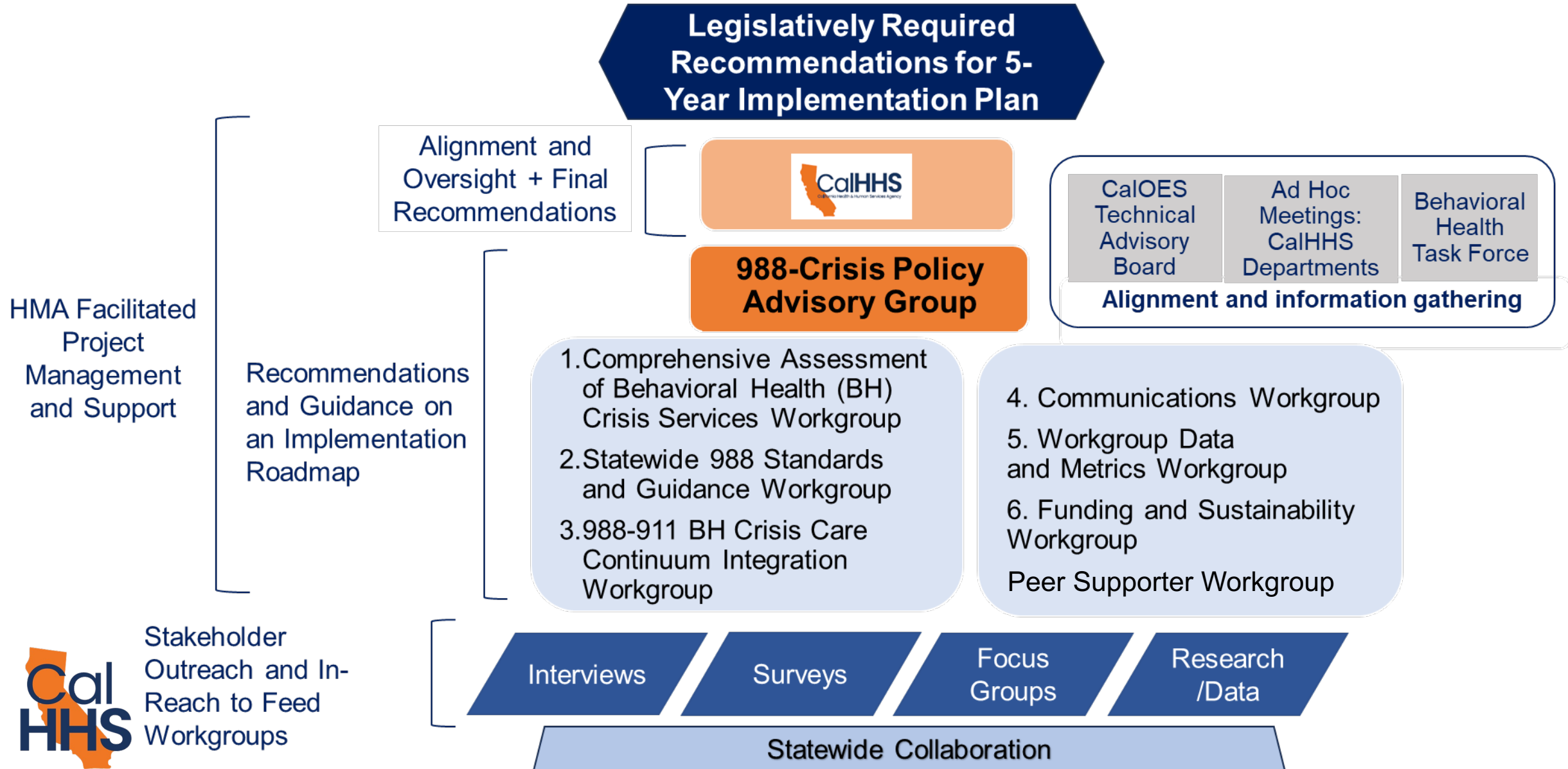
CalHHS 988-Crisis Project Highlights

AB 988 Legislation

The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022:
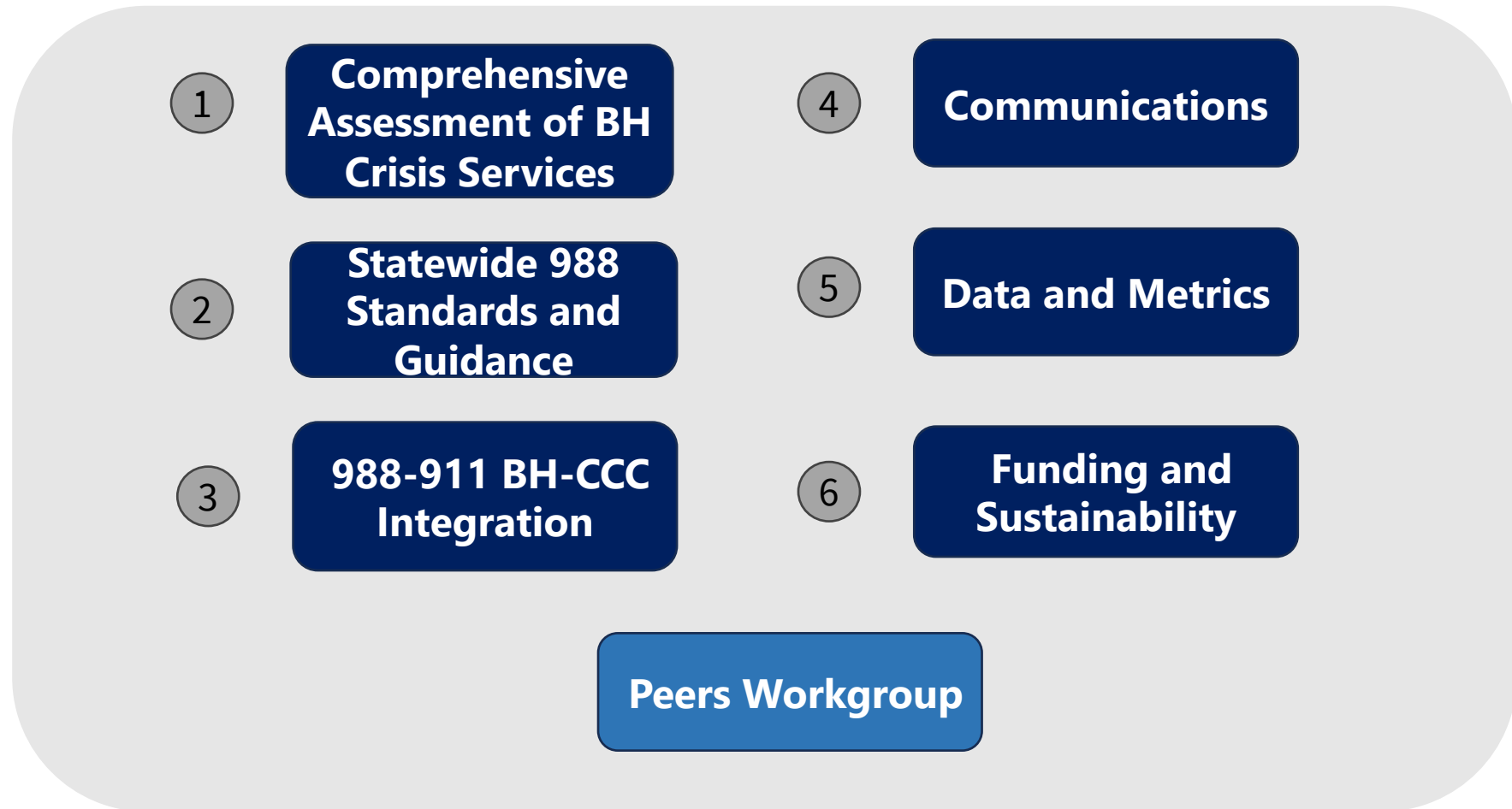
- Creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state 988 Technical Advisory Board
- Requires CalHHS to convene a state 988 policy advisory 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

Legislatively Required Recommendations for 5-Year Implementation Plan

Alignment and Oversight + Final Recommendations

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988-Crisis Policy Advisory Group

CalOES Technical Advisory Board	Ad Hoc Meetings: CalHHS Departments	Behavioral Health Task Force

Alignment and information gathering

HMA Facilitated Project Management and Support

Recommendations and Guidance on an Implementation Roadmap

1. Comprehensive Assessment of Behavioral Health (BH) Crisis Services Workgroup
2. Statewide 988 Standards and Guidance Workgroup
3. 988-911 BH Crisis Care Continuum Integration Workgroup

4. Communications Workgroup

5. Workgroup Data and Metrics Workgroup

6. Funding and Sustainability Workgroup

Peer Supporter Workgroup

Stakeholder Outreach and In-Reach to Feed Workgroups

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Interviews	Surveys	Focus Groups	Research /Data

Statewide Collaboration

988-Crisis Workgroups

1. **Comprehensive Assessment of BH Crisis Services**

2. **Statewide 988 Standards and Guidance**

3. **988-911 BH-CCC Integration**

4. **Communications**

5. **Data and Metrics**

6. **Funding and Sustainability**

Peers Workgroup

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.

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Policy Advisory Group Meeting Schedule

#	Topics	Date
1	• Orientation to the Process and Workgroups • Relationship Building	12/13/23
2	• Grounding in CCC-P and Comprehensive Assessment Approach • Breakouts on Access, Equity, Coordination	2/7/24
3	• Information from Comprehensive Assessment • Draft recommendations for Standards and Guidance and Integration	4/24/24
4	• Discussion of Data, Goals and Metrics • Draft recommendations for Communications	6/26/24
5	• Discussion of Community Engagement • Continued discussion of other emerging recommendations	8/14/24
6	• Review draft 5-year implementation plan • Review finance and sustainability, governance, peers	9/18/24
	PUBLIC COMMENT PERIOD	October 2024
7	Final Policy Advisory Group Meeting: review of the implementation plan	11/20/24

Key Milestones

Project Launch
(Aug/Sep '23)

- Project organization

Advisory Group Launch (Dec '23)

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

Workgroup (4-6, Peers) Launch (May '24)

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

Public Comment
(Oct '24)

Form Advisory Group and Workgroups
(Oct '23)

- Outreach to stakeholders and recruitment of members

Workgroup (1-3) Launch (Jan '24)

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

Draft Findings
(Jun '24)

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

Draft 5-Year Recommendations
(Sep '24)

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

Final 5-Year Implementation Plan
(Dec '24)

Timeline circles: Aug/Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

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Draft Recommendation: High Quality Response

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

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

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988 5-Year Implementation Plan

- 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 Crisis Lines into the Crisis Care Continuum in alignment with AB988 and related funding
- The the work over the last months have highlighted key issues and areas across the continuum that need to be resolved over the 5-year planning and beyond
- 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 discussions

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 calls 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)

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

GOALS

A. Public Awareness of 988 and Behavioral Health Services	B. Statewide Infrastructure and Technology	C. High-Quality 988 Response	D. Integration of 988 and the Continuum of Care
Increase public awareness of and trust in 988 and behavioral health crisis services	Establish the systems to connect help seekers to the appropriate call/chat/text takers	Support the delivery of high-quality 988 services for all Californians	Increase coordination of behavioral health crisis services
Will a help-seeker know who to call?	Will a help-seeker be routed appropriately?	Will the help-seeker receive a high-quality 988 contact?	Will the help-seeker have access to immediate and ongoing care?

CROSS CUTTING RECOMMENDATIONS

Data

Funding and Sustainability

Peer Support

Goal C: AB 988 Required Areas

Support the 988 system in delivering quality services that serve all Californians

AB 988 Required Recommendation Topic (1): Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.

AB 988 Required Recommendation Topic (5): 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.

Goal C: Recommendations and Implications Activities

Support the 988 system in delivering quality services that serve all Californians

C.1. The State should establish a process for ==assessing the clinical quality== of the 988 service consistent with the state's vision and federal mandates

C.2. The State should create ==baseline standards== for staffing and training at 988 Crisis Centers to ensure person-centered, culturally responsive assistance to a range of behavioral health crisis

C.3. The State should have a process to review and designate California 988 Crisis Centers

Goal C: Recommendations and Implications Activities

C.1. The State should establish a process for assessing the clinical quality of the 988 services consistent with the state's vision and federal mandates

	Implementation Activities
C.1.a.	Examine the current 988 network's capacity to meet existing key performance indicators
C.1.b.	Identify mechanisms to aid with call volume projections and growth forecasting
C.1.c.	Establish baseline standards for 988 Crisis Center performance
C.1.d.	Develop guidance for 988 Crisis Centers to utilize during various behavioral health crises including suicide, mental health, and substance use-related 988 contacts

Goal C: Recommendations and Implications Activities

C.2. The State should create baseline standards for staffing and training at 988 Crisis Centers to ensure person-centered, culturally responsive assistance

	Implementation Activities
C.2.a.	Evaluate existing training standards for 988 Crisis Counselors
C.2.b.	Establish statewide training standards for 988 Crisis Centers that are responsive to the diverse needs of California help-seekers
C.2.c.	Evaluate existing staffing needs and identify mechanisms to assess future staffing needs to support the core requirements of 988 Crisis Centers
C.2.d.	Determine best practices and provide resources to 988 Crisis Centers to mitigate compassion fatigue and burnout among crisis counselors

Goal C: Recommendations and Implications Activities

C.3. The State should establish a process to review and designate California 988 Crisis Centers

	Implementation Activities
C.3.a.	Develop a state-level process to designate 988 Crisis Centers
C.3.b.	Develop a process to continually assess the overall capacity of the 988 Crisis Center network to ensure adequate network coverage
C.3.c.	Establish a process to expand current operations of existing 988 Crisis Centers and/or designate additional centers to meet network coverage needs
C.3.d.	Establish a process for state-level monitoring and support to meet state and national quality standards

Draft Recommendations: Data and Metrics

Data and Metrics: AB 988 Required Areas

AB 988 Required Recommendation Topic (10): Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.

AB 988 Required Recommendation Topic (11): A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

Results Based Accountability (RBA)

Approach to Metrics

- How much we do?
- How well we do it?
- Is anyone better off?

QUANTITY | QUALITY

EFFORT

How Much We Do

How much service did we deliver?

\# Customers served

\# Services/Activities

How Well We Do It

How well did we do it?

% Services/activities performed well

EFFECT

Is Anyone Better Off?

What quantity/quality of change for the better did we produce?

#/% with improvement in:

Skills

Attitudes

Behavior

Circumstances

Source: https://clearimpact.com/results-based-accountability/

Identifying Performance Metrics (Meeting 1 Input)

Across Services: Collect data on client profile/demographics and type of crisis

◆ How much did we do
◆ How well did we do it
☐ Work Group additions (5/17/24)

Preventing Crisis	Responding to Crisis	Stabilizing Crisis
Peer-Based Warm Lines • **# of warmlines** • **Call volume** • **Types of calls** • **Transfer rates/volume between warm lines and 988 [reduced need for transfer]** • **Links to social services (e.g., housing)**	**Hotlines** • **Call Volume (repeat callers), Talk Time/Call Length** • **Call Answer Rates, Time to Answer, Abandonment Rate** • **Referrals/resources (linked)** • **Referral utilization and follow up post crisis call** • **Post caller experience/satisfaction – Net Promoter Scores (NPS)** • **Ability to respond in caller's preferred language** • **Reduced levels of distress immediately following the call** • **5150 rates**	**Crisis Receiving and Stabilization Services** • **Number of facilities per county/region** • **% referrals accepted** • **Time to access/distance from population base** • **Reduced hospitalizations and readmissions** • **Reduced Emergency Department Visits**

Community-Based Behavioral Health Services
• **% people connected to outpatient services following discharge from hospital or ED for MH/SUD**
 	
Digital Apothecary
• **E.g. CYBHI digital platform**
• **# web visits, downloads of digital tools**
 	
Other Social Indicators
• E.g., Social Connectedness
	Mobile Crisis
	• **Types of mobile crisis teams**
	• **Number of mobile crisis teams by county, ratio to population**
	• **Dispatch protocols and rates**
	• **Average in-person response times**
	• **Referrals (linked)**
		Other Stabilization Services
		• Definitions, operations, availability (time to access, distance from population base)
		  o Peer respite
		  o In-home crisis stabilization
		  o Crisis residential treatment services
		  o Sobering centers
		  o Post-crisis step-down services, e.g. partial hospitalization, supportive housing

Source: Adapted from the CCC-P with input from the PAG

Policy Advisory Group Survey Results

Measurement	Top 3 Priorities for Years 1-3	Priorities for Years 4+
Prevention	• Peer based warm line call volume • Peer based warm line call type • Transfer rates/ volumes between warm lines and 988	• % of people connected to outpatient community based behavioral health services following d/c from inpatient setting or ED
988 Crisis Centers	• Contact Volume (incoming contacts) • Answer rate • Number of transfers to 911/ emergency response from 988	• Hotline contact referral utilization (post call) • Hotline average contact length • Number of transfers to mobile crisis from 988/ number of transfers from 911 to 98
Mobile Crisis Response	• Rates for on-site resolution • Number and type of team by county/ ratio of teams to population • Rates of law enforcement involvement • Rates of 5150 holds • Rates of transfer to ED • Rates of transfer to alternative destinations	• Average % of linked referrals • Follow up rates by mobile crisis teams
Crisis Receiving and Stabilization Services	• Number/ type of facilities by county/ region • Number and % of referrals accepted by facility by county/ region • ED rates by county/ region	• Time to access/ distance from population base by county/ region • Hospitalizations and readmission rates by county/ region

Draft for Discussion: Performance Metrics

Proposal: Phased approach that starts with what we can measure based on current system and data collection capacity

Element	Years 1-3
Prevention	• Peer based warm line call volume • Transfer rates/ volumes between warm lines and 988
988 Crisis Centers	• **Contact Volume** (incoming contacts) • **Answer rate** • Number of transfers to 911/ emergency response from 988 • **% of calls resolved without need to transfer or dispatch emergency services**
Mobile Crisis Response	• Rates for on-site resolution • Number and type of team by county/ ratio of teams to population • Rates of law enforcement involvement • Rates of 5150 holds • Disposition type (ED, alternative destination)
Crisis Receiving and Stabilization Services	• Number/ type of facilities by county/ region • ED rates by county/ region

* Data that is bolded is currently collected by Crisis Centers and/or Vibrant

Potential Metrics: Phase 1

988 Crisis Centers

- Contact volume (incoming contacts)
- Answer rate
- Number of transfers to 911/emergency response from 988
- Percent of calls resolved without need to transfer/dispatch emergency services
- Average length of contact (chats, calls, texts)

Potential Metrics: Phase 2

Preventing Crisis

- Percentage of Californians who visited an emergency department visit for a behavioral health concern who were then connected to outpatient community-based behavioral health services

Responding to Crisis

- Rates of 988 contacts connected to referrals and successfully receive a follow up service
- The number of warm transfers that are occurring between 911 and 988
- The number of warm transfers between 988 and connected mobile dispatch
- Average percentage of referrals that result in a follow up encounter
- The number of post crisis follow up contacts by type of mobile repose
- The number of EMS 911 scene responses for a Behavioral Health Primary Impression
- The number of EMS 911 scene response which lead to use of Behavioral Health Facility as an alternate destination OR tracking the destination and disposition of behavioral health and SUD patients from scene responses

Stabilizing Crisis

- Time to access or distance from population base in the county or region
- Hospital readmission rates by county or region

Analysis from Other State Dashboards

15 states have 988 dashboards (AZ, CO, FL, GA, HI, ID, LA, MT, NC, OH, OK, SD, UT, WI, WY)

Elements	# of States Reporting Element	% of States with a Dashboard Reporting Element
# of calls received	15	100%
# of texts/ chats received	4	27%
Average answer rate calls	2	13%
Average speed to answer	8	53%
Reasons for the contact	4	27%
Referral source	1	7%

Elements	# of States Reporting Element	% of States with a Dashboard Reporting Element
Outcome	2	13%
Law Enforcement involvement	3	20%
First time caller	1	7%
Age	9	60%
Race/ ethnicity	5	33%
Gender	7	47%

Dashboard Examples: Wisconsin
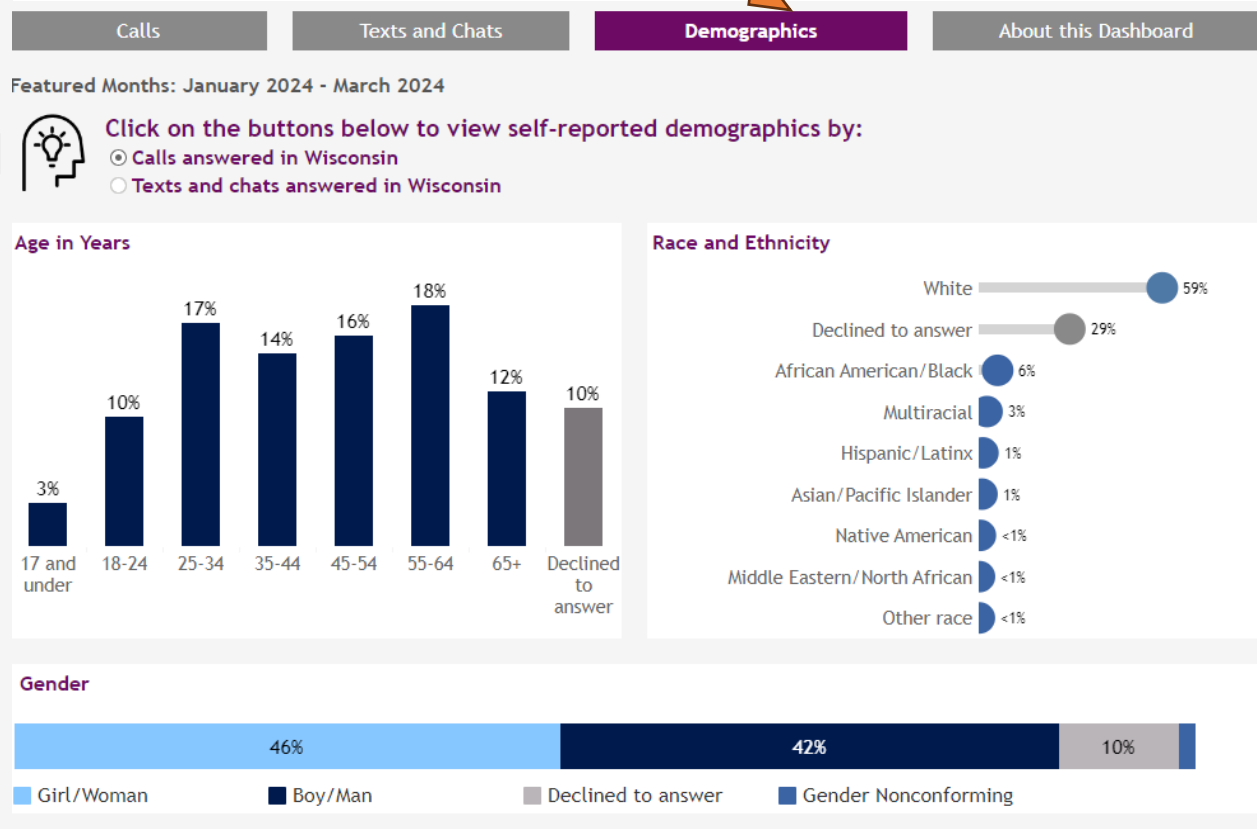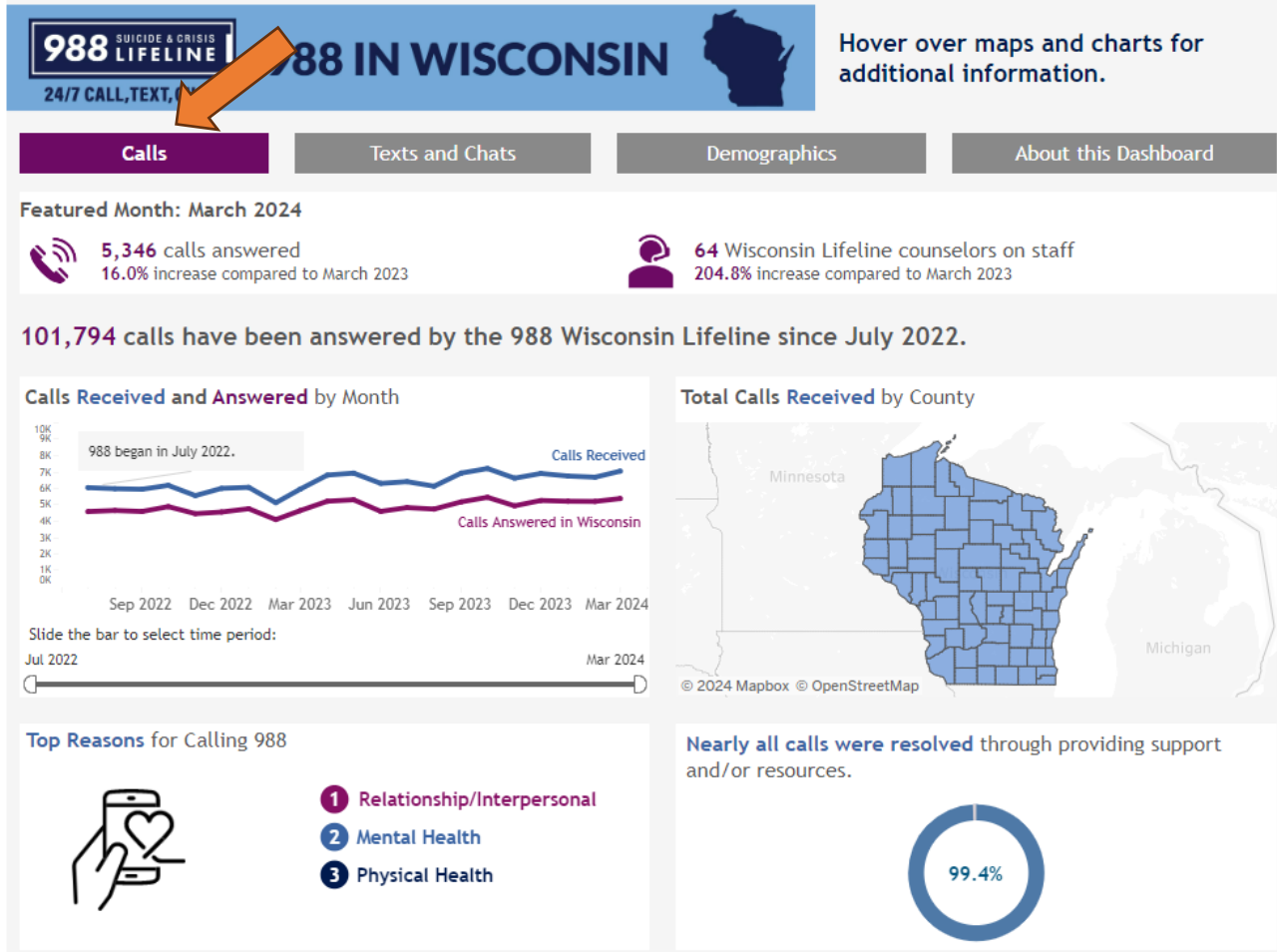
The WI dashboard has tabs for calls, texts and chats, demographics and a tab describing the technical notes re: data collection, updates, etc.

Crisis Services: 988 Suicide & Crisis Lifeline Data Dashboard | Wisconsin Department of Health Services

Dashboard Examples: Arizona

34,327
30-Day Statewide Crisis Call Volume
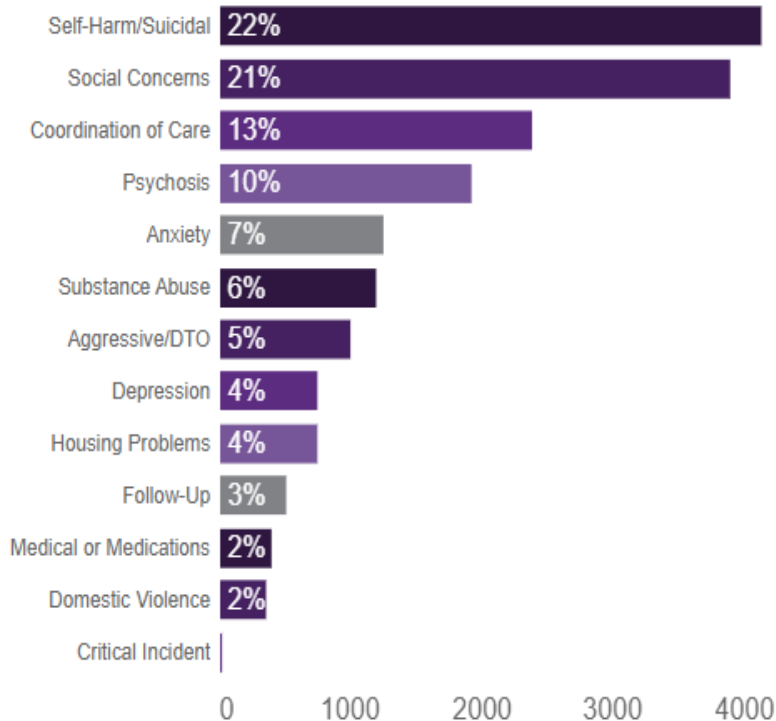
98.6%
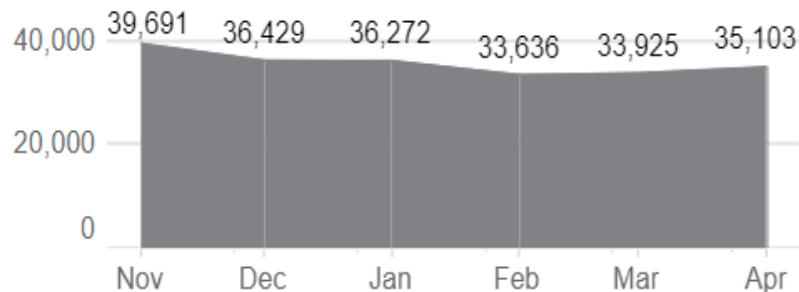Statewide Answer Rate

9 seconds
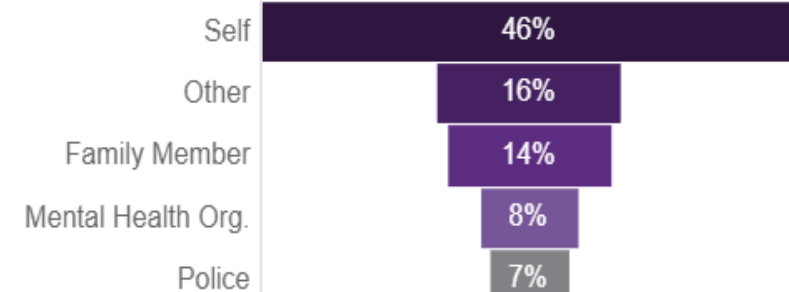Statewide Average Speed of Answer

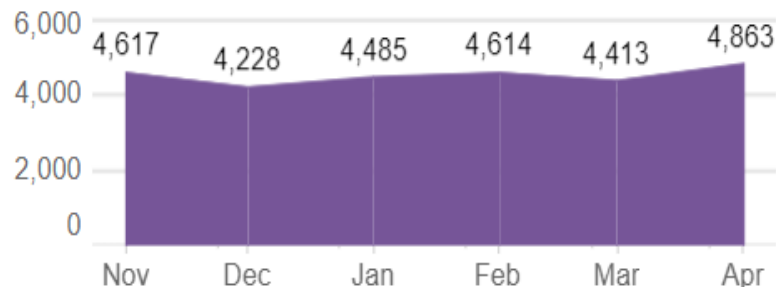**88%**
Statewide Stabilization Rate

Reasons for Calling

Reason	Percent
Self-Harm/Suicidal	22%
Social Concerns	21%
Coordination of Care	13%
Psychosis	10%
Anxiety	7%
Substance Abuse	6%
Aggressive/DTO	5%
Depression	4%
Housing Problems	4%
Follow-Up	3%
Medical or Medications	2%
Domestic Violence	2%
Critical Incident	

Statewide Crisis Volume by Month

Nov	Dec	Jan	Feb	Mar	Apr
39,691	36,429	36,272	33,636	33,925	35,103

Mobile Team Dispatch Volume by Month

Nov	Dec	Jan	Feb	Mar	Apr
4,617	4,228	4,485	4,614	4,413	4,863

Top 5 Referral Sources

Source	Percent
Self	46%
Other	16%
Family Member	14%
Mental Health Org.	8%
Police	7%

Law Enforcement Collaboration

Calls from Law Enforcement	Dispatches for Law Enforcement
2,042	1,075

AZ600 Statewide Dashboard | Tableau Public
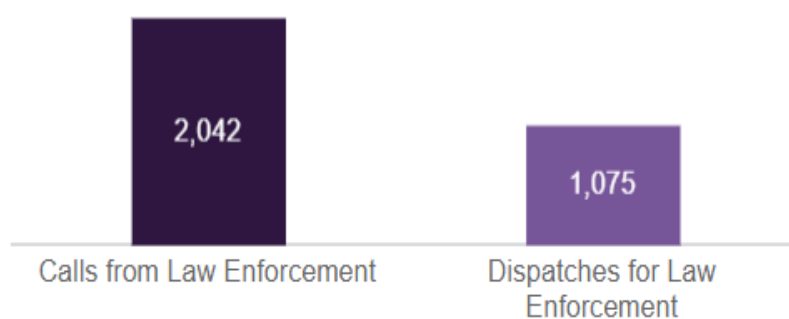
Population Outcomes: Is Anyone Better Off?

Direction	Outcome Measure
⬇	Suicide attempts
⬇	Suicide deaths (within set timeframe post call)
⬇	Overdose deaths
⬇	BH-related Incarceration (disaggregated by pop- e.g., foster youth, unhoused...)
⬆	Individuals with improved functional status
⬆	Health adjusted life expectancy

Next Steps

Upcoming PAG Meetings

#	Meeting Dates (10am-3pm)	Location
6	September 18, 2024 Topics: • Draft Plan Review • Finance and Sustainability • Governance • Peers	In-Person, Allenby Building, Sacramento
7	November 20, 2024	In-Person, Allenby Building, Sacramento

A public comment period will occur in October… more to come

For more information:

- Please email CHHS AB988Info <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.