

State 9-8-8 Technical Advisory Board February 22, 2024



Item 1: Welcome and Call to Order

Members of the Board

- Chair Budge Currier, Governor's Office of Emergency Services (Non-voting)
- Dr. Anh Thu Bui, California Health and Human Services
- Dr. Eric Rafla-Yuan, UC San Diego School of Medicine
- Joe Sullivan, Chief Information Officer, Emergency Medical Services Agency
- Director Liseanne Wick, Suicide Prevention Services, Wellspace Health
- Julian Aragon, DiDi Hirsch Mental Health Services
- Lan Nguyen Crisis and Suicide Prevention Lifeline Manager, Santa Clara County
- Kristin Miller, Riverside Health Services, Behavioral Health Services Administrator
- Ametrius Sidney, California National Emergency Number Association (CALNENA)
- Jeff Hebert, California Public Safety Radio Association (CPRA)
- Tracy Gonzales, Ontario Fire Communications Manager
- Jennifer Kenton, Campbell Police Department Communications Supervisor
- Erinn Riley, Contra Costa County Sheriff Dispatch Supervisor
- Jennifer Dwyer, California Commission on Peace Officer Standards and Training
- Cerena Lewis, California Professional Firefighters



Item 1: Roll Call and Quorum

Bagley-Keene Open Meeting Act Updates

- Effective January 1, 2024, a quorum can only be established if a majority of the members of the board are in person.
- Remote participants cannot be counted to establish a meeting quorum*.
- Remote participants do count toward a majority to avoid a "serial" or "unofficial" meeting.
- Moving forward all meetings will be held in person at 630 Sequoia Pacific Blvd, Sacramento, CA.

https://oag.ca.gov/system/files/media/bk-open-meeting-act-guide-2023.pdf

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=3.&title=2.&part=1.&chapter=1.&article=9

*Note, remote member may count towards the quorum if they meet the requirements of Gov. Code 11123.2(j) (2).



Item 2: Approval of Previous Minutes

November 2023 meeting minutes:

 Meeting held on November 16, 2023 in person at 630 Sequoia Pacific Blvd, Sacramento, CA



Item 3: Legislative Update

Cal OES Legislative and External Affairs will provide information regarding legislation that may impact California's 9-8-8 system.



Item 4: Working Group Reports

The CA 9-8-8 Technical Advisory Board Working Groups will provide a report on the activities completed since the last meeting:

- 9-8-8 and 9-1-1 Interface Working Group Report: Jeff Hebert and Tracy Gonzales
- Accessibility & Equal Access Working Group Report: Anh Thu Bui



Item 5: Cal OES 9-8-8 Report

The Cal OES 9-8-8 System Director will provide updates regarding:

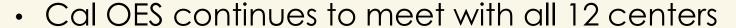
- Item 5-1: Statewide 9-8-8 CHS and CRM status
- Item 5-2: 9-1-1 to 9-8-8 Interface
- Item 5-3: SETNA 9-8-8 Surcharge
- Item 5-4: AB 988 Milestones

www.caloes.ca.gov/988



Item 5-1: Statewide 9-8-8 CHS and CRM Status

- Awarded contract is available using QR Code:
- Project Hold has been lifted:
 - Kickoff Meeting to restart Vibrant testing 2/7/24
 - Vibrant / SAMHSA develop requirements for
 - 9-8-8 Call Interface
 - 9-8-8 Chat / Text Interface
 - Reporting Requirements



9-8-8 Mobile Dispatch RFP has been released





Item 5-2: 9-1-1 to 9-8-8 Interface

GC 53123.2 (c) No later than July 1, 2024, the office shall verify interoperability between and across 911 and 988. This shall include verifying interoperability of telephone calls, texts, chats, and other similar capabilities consistent with the implementation of Next Generation 911.

- Defining the 9-1-1 to 9-8-8 Technical Interface
 - Circuits ordered to support testing in Cal OES for technical interface between the NG 9-1-1 system and the 9-8-8 system
 - Further discussion and action items for working group
 - Validating workflow to support transfers



Item 5-3: SETNA 9-8-8 Surcharge

- The 9-8-8 surcharge is set at \$0.08 for calendar year 2023 and 2024
- Fee calculation for 2025 and beyond
 - Budget requests are sent to Department of Finance for eligible expenditures for the 9-8-8 surcharge
 - The CA State Legislature approves the budget, which sets the revenue that must be generated from the 9-8-8 surcharge
 - Access line service providers send number of access lines to Cal OES
 - 9-8-8 surcharge is based on the budget and number of access lines
 - Letter is sent to CDTFA by October of each year



Item 5-3: SETNA 9-8-8 Surcharge and the Fund Condition Statement

	2021-22*	2022-23*	2023-24*
3414 988 State Suicide and Behavioral Health Crisis Services Fund ^s			
BEGINNING BALANCE	-	-	22,138
Adjusted Beginning Balance	-		\$22,138
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	-	22,138	44,276
Total Revenues, Transfers, and Other Adjustments	-	\$22,138	\$44,276
Total Resources	-	\$22,138	\$66,414
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	-	-	5,500
0690 Office of Emergency Services (State Operations)	-	-	9,533
0690 Office of Emergency Services (Local Assistance)	-	-	20,280
4260 State Department of Health Care Services (State Operations)	-	-	773
4260 State Department of Health Care Services (Local Assistance)	-	-	19,000
7600 California Department of Tax and Fee Administration (State Operations)	-	300	661
Less funding provided by General Fund (State Operations)		-300	
Total Expenditures and Expenditure Adjustments	-	-	\$55,747
FUND BALANCE	-	\$22,138	\$10,667
Reserve for economic uncertainties	-	22,138	10,667

February 22, 2024

California State 9-8-8 Technical Advisory Board



Item 5-3: SETNA 9-8-8 Surcharge Sample Calculation - Demonstration

Description	Ref.	Amount
Authorized Budget Expenditure	B1	\$44,276,000
Balance from Fund Condition Statement	B2	\$10,667,000
Revenue Needed for next Budget Year	В3	\$33,609,000
Estimated number of Access Lines**	B4	46,121,214
Surcharge per month	B5	\$0.07
Projected Annual Revenue Formulas: B3 = B1-B2, B6=B4*B5*12	В6	\$38,741,820
Formulas: B3 = B1-B2, B6=B4*B5*12		

^{**2021} Access line count used for demonstration purposes



Item 5-4: 9-8-8 Implementation Milestones 9-8-8 Technical Advisory Board Tasks

GC 53123.2 (2) (A) Establish and convene the State 988 Technical Advisory Board for purposes of advising the office on the following:

- (i) Recommendations on the feasibility and plan for sustainable interoperability between 988, 911, and behavioral health crisis services, including the identification of any legal or regulatory barriers to the transfer of 911 calls.
- (ii) The development of technical and operational standards for the 988 system that allow for coordination with California's 911 system.
- (iii) The creation of standards and protocols for when 988 centers will transfer 988 calls into the "911" public safety answering points or points (PSAP), and vice versa.



Item 6: FCC Petition for Rulemaking for 988 Geospatial Routing

The 9-8-8 Technical Advisory Board will review and vote to approve letter to request Federal Communications Commission (FCC) to begin rulemaking process for 9-8-8 Geospatial Routing

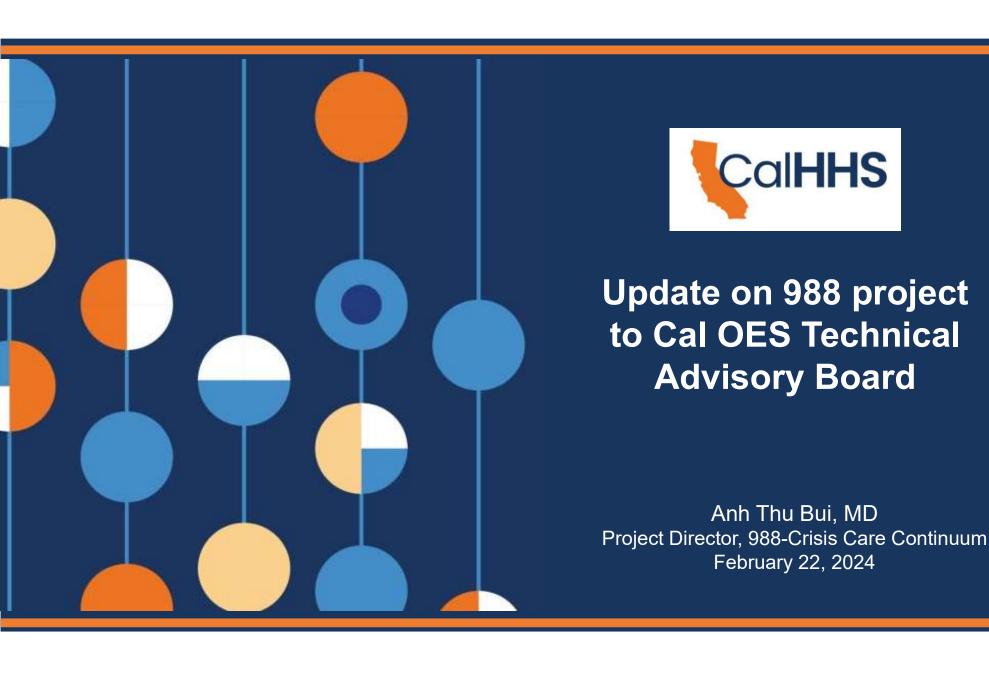
Document will be reviewed, discussed, and potentially voted on by the 9-8-8 Technical Advisory Board

https://www.caloes.ca.gov/wpcontent/uploads/PSC/Documents/Ex-Parte-Letter-to-FCCon-988-GeoRouting-V4.docx



Item 7: CHHS Updates

CHHS will provide an update on 9-8-8 related activities



Agenda

- CalHHS 988-Crisis Project highlights
- 988-Crisis Policy Advisory Group
 - Workgroups
 - Potential Intersection with CalOES Technical Advisory Board (TAB)
- Next Steps

988-Crisis Project Structure

Alignment and

Legislatively Required Recommendations for 5-Year Implementation Plan

Oversight + Final Recommendations



988-Crisis Policy Advisory Group CalOES Technical Advisory Board

Ad Hoc Meetings: CalHHS Departments

Behavioral Health Task Force

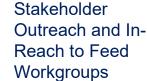
Alignment and information gathering

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. Data and Metrics Workgroup
- 6. Funding and Sustainability Workgroup



Interviews

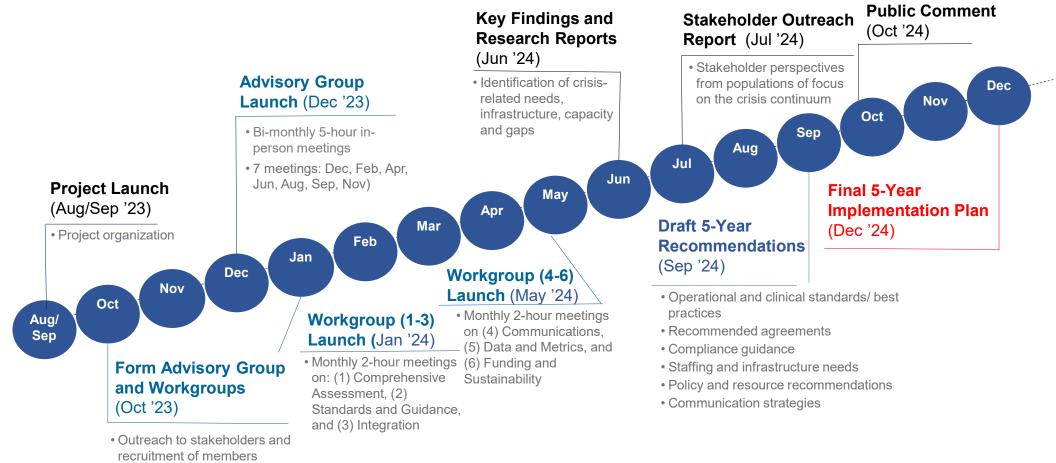
Surveys

Focus Groups Research /Data

Statewide Collaboration



TIMELINE



AB 988: 988-Crisis Policy Advisory Group (PAG)

Members of the 988-Crisis Policy Advisory Group must include:

- Department of Health Care Services
- The Office of Emergency Services
- State Department of Public Health
- Representatives of counties
- Representatives of employees
 working for county behavioral health
 agencies and agencies who
 subcontract with county BH
 agencies who provide these
 services

- 988 Centers
- Health plans
- Emergency medical services
- Law enforcement
- Consumers, families, and peers
- Other local and statewide public agencies.

988-Crisis Policy Advisory Group Members

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, Services Authority (EMSA)
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

Elizabeth Basnett, Director, California Emergency Medical Services Authority (EMSA)

Erika Cristo, Assistant Deputy Director, California Department of Health Care Services (DHCS)

Dr. 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, NAMI - California

John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL

Kenna Chic, former President of Project Lighthouse

Keris Jän Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)

Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)

Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department



988-Crisis Policy Advisory Group Members

Le Ondra Clark Harvey, Chief Executive Director, California Council of California Department of Developmental Secretary, Veterans Services Division, Community Behavioral Health Agencies Services (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, Assemblymember/Author of AB988, 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,

Phebe Bell, Behavioral Health Director, Nevada County

Rayshell Chambers, Commission Member. Mental Health Services Oversight and Accountability Commission (MHSOAC)

Rebecca Bauer-Kahan, CA State State of California, AD 16

Rhyan Miller, Behavioral Health Deputy Director, 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 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 and Youth Behavioral Health Initiative, California Health & Human Services Agency

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



■ Process Update: PAG Meeting Topics

#	Topics	Date
1	Orientation to the Process and WorkgroupsRelationship Building	12/13/23
		2/7/24
		4/24/24
	Assessment)	6/26/24
5	 Discussion of data, goals and metrics Discussion of Communications informed by Stakeholder Outreach Report) Review information/recommendations from workgroups 4,5,6 	8/14/24
6	 Funding and sustainability Review draft 5-year implementation plan 	9/18/24
	PUBLIC COMMENT PERIOD	10/1-30/24
7	Final Advisory Meeting and review of the Plan	11/20/24

■ Process Update: 988-Crisis Workgroups

#1 Comprehensive Assessment of BH Crisis Services Workgroup

#2 Statewide 988
Standards and
Guidance Workgroup

#3 988-911 BH Crisis
Care
Continuum Integration
Workgroup

#4 Communications
Workgroup

#5 Data and Metrics Workgroup

#6 Funding and Sustainability Workgroup



#1 Comprehensive Assessment of BH Crisis Services Workgroup

- 7 Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.
- Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following: (A) Statewide and regional 988 centers. (B) Mobile crisis team services, including mobile crisis access and dispatch call centers. (C) Other existing behavioral health crisis services and warm lines. (D) Crisis stabilization services.

#2 Statewide 988 Standards and Guidance Workgroup

- 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.
 - Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
 - Compliance with state technology requirements or guidelines for the operation of 988.

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.

#3 988-911 BH Crisis Care Continuum Integration Workgroup

- Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.
- **7** Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.
- Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.

#4 Communications Workgroup

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.

#5 Data and Metrics Workgroup

- 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.
 - 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 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.

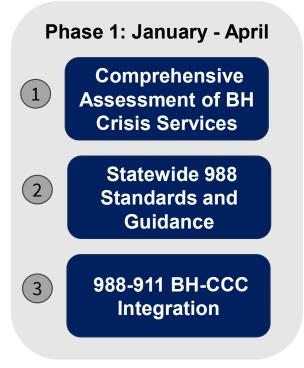
#6 Funding and Sustainability Workgroup

- A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
- Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.
 - Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:

 (A) To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.
 - (B) Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185a).

■ Process Update: 988-Crisis Workgroups

The first three Workgroups launched in January, with the remaining three launching in late spring. This phased approach helps to ensure that insights, recommendations, and questions from Phase 1 inform Phase 2 discussions.







CalOES TAB - CalHHS Policy Advisory Group Topic Alignment

(i) Recommendations on the feasibility and plan for sustainable interoperability between 988, 911, and behavioral health crisis services, including the identification of any legal or regulatory barriers to the transfer of 911 calls.

Corresponds to 988-Crisis Workgroups 2, 3 and 6

- (4) A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
- (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.
- (6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.
- (9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services...

CalOES TAB - CalHHS Policy Advisory Group Topic alignment

- (ii) The development of technical and operational standards for the 988 system that allow for coordination with California's 911 system.
- (3) Compliance with state technology requirements or guidelines for the operation of 988.

Corresponds to 988-Crisis Workgroup 2

CalOES TAB - CalHHS Policy Advisory Group Topic Alignment

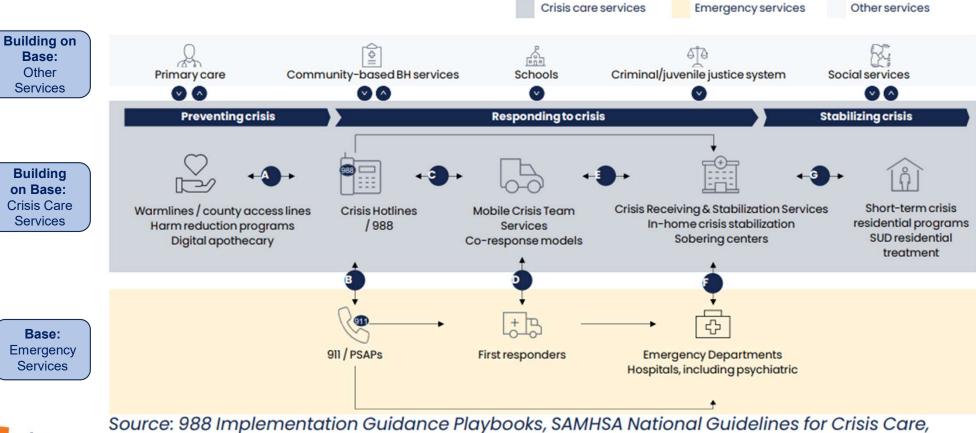
(iii) The creation of standards and protocols for when 988 centers will transfer 988 calls into the "911" public safety answering point or points (PSAP), and vice versa.

Corresponds to 988-Crisis Workgroups 2 and 3

- (1) SAMHSA 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.
- (9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.

Transitions in Crisis Care (non-exhaustive)

DHCS, CalHHS, expert interviews



Cal HHS

California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 25.

■ Workgroup 1: Comprehensive Assessment

Workgroup Charge: What does the workgroup need to <u>consider and assess</u> to inform **resource and policy changes** to support a five-year implementation plan for a comprehensive 988 system?

- Which aspects of the BH crisis system need more investigation, data collection, and discussion?
- What aspects of the comprehensive assessment must be prioritized?



■ Workgroup 1: Meeting Takeaways (1/30/2024)

Preventing Crisis:

- Broad category, difficult to measure esp. within Medi-Cal
- Highlight need for adequate network of primary care and BH care across payor types
- Uplift innovative community-based programs
- Consider telehealth, screening/prevention, warmlines

Responding to Crisis:

- To understand crisis response and future need and related demand in the system, we need to understand and draw in data from EMS, law enforcement (e.g., how many 911 calls are BH related), county crisis lines, schools
- As 988 call volume rises, we need to understand triage and linkage across the crisis care continuum and across payor types

Stabilizing Crisis:

- Current challenges with existing crisis stabilization services
- Need to explore solutions to increase capacity (e.g., alternative destinations, step-down services)
- Improve help seekers' experiences within the crisis system (for youth, LGBTQ+) and ensure parity



■ Workgroups 2-3: Meeting 1 Key Takeaways

Workgroup 2: Statewide Standards and Guidance

- Members would like to see an organized system/standards regarding self-care support for call center staff
- There was robust discussion around qualifications for call center staff (volunteers, clinical staff, peer support specialists); issues related to pay equity and workforce were raised
- The work ahead is about understanding the national standards as the floor/minimum and determining if California wants to set the bar higher

Workgroup 3: Integration

- Ensure services for prevention, response, and stabilization are integrated, both within the safety net and across all payors and geographies
- Considerable discussion of differentiating between 911 and 988; need to align with the work of CalOES Technical Advisory Board
- Elevate the role of CBOs, including homeless services, faith-based organizations, as referral partners/community gatekeepers
- Need to look at the role of community paramedicine and transfer to alternate destination for care at the right place at the right time



For more information:

Please email CHHS AB988Info <AB988Info@chhs.ca.gov> Visit CalHHS's 988 Suicide and Crisis Lifeline Webpage

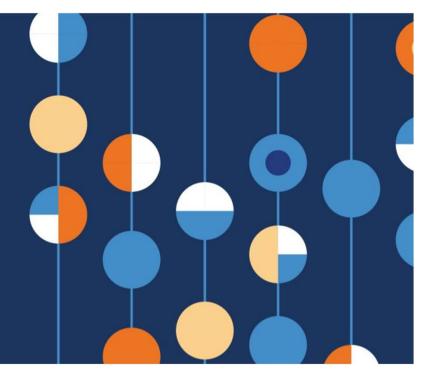
988 Suicide & Crisis Lifeline

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.



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 <u>SAMHSA's 988</u> Website, including answers to <u>Frequently Asked Questions</u>.





Item 8: FCC, and Vibrant Updates

 FCC Chairwoman has published letter encouraging wireless carriers and industry associations to take necessary steps to identify and develop a 9-8-8 georouting solution:

https://docs.fcc.gov/public/attachments/DOC-397339A1.pdf

- Vibrant:
 - Working with Vibrant and SAMHSA to finalize MOU on ingress of 9-8-8 calls, chat, and text.



Item 9: Agenda Items for Future Meetings

Board requests for matters to be placed on a future agenda.

- 2024 Meeting Dates:
 - May 16, 2024, 10 AM 12 PM
 - August 22, 2024, 10 AM 12 PM
 - November 21, 2024, 10 AM 12 PM



Item 10: Public Comment

Public Comment



Thank you for attending this meeting of the California State 9-8-8 Technical Advisory Board.

General Information:

Samantha Huelsenkamp, State 9-8-8 Technical Advisory Board Liaison at (916) 894-5007, or via email at

Samantha. Huelsenkamp@CalOES.ca.gov

Media Information:

Bryan May, Public Information Officer at (916) 845-8449, or via email at Bryan.May@caloes.ca.gov