

SNAPSHOT

Words to Deeds XVI Crisis Response and the Implementation of 988 November 2-3, 2022

More than 100 leaders and stakeholders gathered face-to-face and virtually at the Mental Health Oversight and Accountability Commission building in Sacramento to discuss California’s plans to build a robust behavioral health crisis response system as an integral part of a successful, wholistic crisis continuum of care program. The continuum promotes upstream crisis intervention and prevention, including the successful integration of the national 988 Suicide and Crisis Lifeline. The conference focused on three areas of any client’s behavioral health situation, “Preventing Crisis—Someone to Call,” “Responding to Crisis—Someone to Come” and “Stabilizing Crisis—Somewhere to Go.” Participants shared developing strategies and solutions in each of these areas and heard from those building the required technical infrastructure to ensure that anyone who calls 988 receives the appropriate services when they need them.

Following is a brief snapshot of Words to Deeds XVI speaker presentations. All were content-rich and included many helpful suggestions and summaries of successful behavioral health service programs offered throughout the state of California. A more complete summary report will follow.

Recordings of the presentations can be found at: [W2D XVI Conference](#)



Session 1: California’s Behavioral Health Crisis Continuum of Care Overview

Moderator and Presenter: Stephanie Welch – Deputy Secretary of Behavioral Health, California Health and Human Services Agency [SLIDES](#)

Erika Cristo – Assistant Deputy Director, Community Services and Licensing and Certification, Behavioral Health, Department of Health Care Services [SLIDES](#)

Budge Currier – 911 Branch Manager, Statewide Interoperability Coordinator, Office of Emergency Services [SLIDES](#)

Stephanie Welch stated that California’s Behavioral Health Crisis Care Continuum Project’s (CCC-P) overarching goal is to prevent behavioral health crises among high-risk populations. When California’s Legislature declined to pass AB 988 last year, Governor Gavin Newsom posed the challenge, “Do we have an overall vision for what the state’s behavioral health continuum *should* look like?”

Responding to that challenge and initiated early this calendar year, goals of the CCC-P are to:

- Develop a robust vision for addressing California’s behavioral health crisis
- Ensure that behavioral health services are available to all Californians
- Better recognize and utilize the state’s investment in the behavioral health treatment system
- Prevent behavioral health crises in the high-risk population and the negative outcomes that can accompany these crises, such as arrests, 5150 holds and suicides
- Overall, simplify the behavioral health services model to prevent crisis, respond to crisis and stabilize crisis.

“We recognize that different communities have different challenges, and there are different ways to achieve the same outcomes,” Welch said. “How we communicate about all of this is top of mind to all of us in this room.”

Good News Going Forward

Erika Cristo summarized the behavioral health targeted services in Rounds 1-4 of the Behavioral Health Continuum Infrastructure Program (BHCIP). She then outlined application requirements for Round 5 funding, now open with \$480 million available through competitive grants to construct, acquire and rehabilitate real estate assets that will expand service capacity for crisis and/or behavioral health facility infrastructure.

- The target population is vulnerable Californians of all ages, including Medi-Cal beneficiaries.
- Counties, cities, tribal entities, nonprofit and for-profit organizations may apply.
- The application portal is open. Deadline for applications is January 17, 2023, 11:59 p.m. PT. For more information go to: <https://www.infrastructure.buildingcalhhs.com/>

Medi-Cal Mobile Crisis Services Opportunity:

- American Rescue Plan Act (ARPA) funding is now available for qualifying mobile crisis services between April 2022 and April 2027.
- DHCS will submit a State Plan Amendment that establishes a new Medi-Cal mobile crisis benefit as soon as January 2023.
- DHCS envisions that its mobile crisis service will align with the state's other efforts to support individuals experiencing a behavioral health crisis.
- DHCS is designing a mobile crisis services benefit to ensure all Medi-Cal members have access to coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.

Technology Challenges to 988 Call Integration into Behavioral Health Crisis Continuum of Care

Budge Currier kicked off this portion of the session by asking, "How do we integrate all technology needed for emergency communications and put tools into the hands of the people who do the work?"

He added:

- California's Office of Emergency Services (OES) is developing a technology infrastructure and implementation guidelines to enable effective, consistent local level crisis response.
- Equipment installation for 911/988 integration will occur from 2023-2025, although the contract requirements for the technology development and implementation are still in development.

Session 2: Preventing Crisis – Someone to Call

Moderator: Tom Orrock – Chief, Community Engagement and Grants, Mental Health Services Oversight and Accountability Commission

Jim Kooler – Special Consultant, Office of Strategic Partnerships, CalHOPE, Department of Health Care Services

Shari Sinwelski – Vice President, Crisis Care, Didi Hirsch Mental Health Services [SLIDES](#)

Stacy Kuwahara – Behavioral Health Director, Kern Behavioral Health and Recovery Services, Kern County

Technology, opportunity and connectedness quickly emerged as the focal points of this panel discussion.

Technology:

- The integration of 988 services with county and city services must continue.
- 988 is normalizing the opportunity to improve our services to diverse communities, making mobile response team training even more important.
- Now that we are moving forward with integrating communications systems, how do we measure system effectiveness? It is important to think about this *now*.

Opportunity:

- COVID-19, weather-related crises and the political/economic issues in the world have brought previously unrecognized or unsurfaced behavioral health issues to the forefront during the last few years.
- CalHOPE evolved and expanded behavioral health care services to “Anyone, Anytime, Anywhere,” modeling the FEMA disaster response system.
- With a digital apothecary of applications and resources at our fingertips, technology will help us reach people when and where they need assistance.
- This is a good time to recruit service providers who are patient, kind and know how important it is to also take care of themselves.
- We should promote that this is a profession where service providers can truly change peoples’ lives every day.

Connectedness:

- We are making it easier for people to ask for help.
- We are finally understanding the importance of cultural curation messaging, reaching people where they are—providing messengers that look and sound like them.
- We need to keep identifying the right people to do the work of deescalating behavioral health crises.
- We must identify consumer expectations about what they anticipate when they reach out for help and then coordinate our messaging accordingly.
- It is time to ensure that we train all responders to be empathetic, not robotic.
- Behavioral health responders need the encouragement and support of fellow care providers to make the time to care for themselves.

Session 3: Responding to Crisis – Someone to Come

Moderator: Karen Larsen – Chief Executive Officer, The Steinberg Institute

Bill Brown – Sheriff-Coroner, Santa Barbara County

Dr. Cherylyn Lee – Behavioral Services Manager, Santa Barbara County Sheriff’s Department [SLIDES](#)

Leticia Galyean – Chief Executive Officer, Seneca Family of Agencies [SLIDES](#)

Karleen Jakowski – Assistant Director Health and Human Services/Mental Health Director, Yolo County Health and Human Services Agency [SLIDES](#)

Discussion in this session centered around the provision of behavioral health crisis services to different audiences in various settings.

Panelists agreed that the benefits of Co-Response Teams include:

- Ensuring the safety of our clinicians *and* the safety of the person in crisis.
- Providing a better understanding of mental health and an approach to crisis response that helps keep people who need behavioral health care out of the criminal justice system.
- Offering services endorsed by the National Association on Mental Illness (NAMI).

Sheriff Brown and Dr. Lee presented Santa Barbara County’s Co-Response Program which pairs Crisis-Intervention-Trained sheriff’s deputies with licensed mental health clinicians. Within the first six months of using this team approach, Santa Barbara County law enforcement bookings were reduced by 41%, only 13% of those encountered were arrested. Twenty-four percent more individuals than the previous year were engaged in mental health services, most of which were non-crisis, according to Dr. Lee.

Seneca Family of Agencies was founded 37 years ago as a residential treatment facility and served six young people. Today, Seneca serves over 18,000 youth and families annually. Most specifically, the Seneca Mobile Response Teams (MRT) provide unique crisis response to children and adolescents, Galyean said.

- MRTs are comprised of teams of two of the following for in-person crises:
 - Master’s-level crisis clinicians
 - Crisis counselors
 - Peer partners
- The ideal team includes one clinician, one counselor.
- Peers predominantly provide follow-up support.
- Licensed master’s-level staff provides supervision.

Yolo County implemented its Co-Responder Program model in 2020. In various jurisdictions within the county, at least one clinician is dispatched with the local law enforcement agency on potential behavioral health services calls. Jakowski highlighted the county’s development of specialized crisis response vehicles so that clinicians can meet with clients on-scene, in a non-threatening space. Future Improvements planned will feature implementation of Crisis Now and transition to a clinician and peer model.

Session 4: *Stabilizing Crisis – Somewhere to Go*

Moderator: Brenda Grealish – Executive Officer, Council on Criminal Justice and Behavioral Health

Amy Ellis – Adult System of Care Division Director, Health and Human Services, Placer County - The Lotus Center

[SLIDES](#)

Scott Zeller – Vice President, Acute Psychiatry, Virtuity - Sacramento County EmPATH Program [SLIDES](#)

Addressing the “extreme lack of capacity” and providing broader and more accessible care when patients initially present with behavioral health issues was the primary focus of this panel discussion.

To accomplish broader and more accessible care, Lotus Behavioral Health Crisis Center offers a one-stop approach for those in need of services:

- Primary Care
- Outpatient Care (including Wellness Center)
- 30-Day Crisis Residential Capacity (voluntary)
- Psychiatric Hospitalization (involuntary)
- Urgent Crisis Services (voluntary).

Additional services offered on-site include:

- Adult Protective Services
- Public Guardian
- In-home Support Services.

Benefits of Lotus, Community-Based Facility:

- Alleviates the burden on Emergency Rooms
- Reduces behavioral health crisis-related contact with law enforcement
- Expedites access to services and resources, improving outcomes for clients
- Provides a voluntary and safe option for consumers needing time to create a long-term care plan.

Sacramento County’s EmPATH Program addresses the increase of behavioral health patients nationwide, 1 in every 7, presenting at hospital emergency departments. EmPATH works within hospital systems to enhance the care behavioral health patients receive when they initially step into the emergency department—developing a hospital-based Crisis Stabilization Unit (CSU).

Zeller's Six Goals for Emergency Psychiatric Care:

1. Exclude medical etiologies (causes) and ensure medical stability
2. Rapidly stabilize the acute crisis
3. Avoid coercion
4. Treat in the least restrictive setting
5. Form a therapeutic alliance
6. Formulate an appropriate disposition and aftercare plan.

The EmPATH model includes a dedicated physical space designed to provide a calming, healing environment that prioritizes safety and freedom.

Thursday, November 3

Taking Action! Deep Dive, Blue-Sky Sessions - What Keeps You Up at Night?

Session 1: *Beyond the Crisis—Step Down Residential Services and Permanent Housing*

How do we DO it? Continuing from Day 1, exploring challenges and solutions.

Moderator: Brenda Grealish – Executive Officer, Council on Criminal Justice and Behavioral Health

Corrin Buchanan – Deputy Secretary of Policy and Strategic Planning, California Health and Human Services Agency

Manuel Jiménez, Jr. – Regional Director, La Familia Central Valley – Step Down and Unique Housing Programs – EverWell model

Veronica Kelley – Chief, Mental Health and Recovery Services, Orange County Health Care Agency – Step Down & Unique Housing Programs – Be Well Model [SLIDES](#)

Tyler Fong – Senior Director of Program Initiatives, Brilliant Corners – Permanent Housing Model [SLIDES](#)

Teresa Pasquini – Founder, Housing that Heals [SLIDES](#) [VIDEO](#)

Corrin Buchanan started the session explaining that “Housing is important to being able to provide services to behavioral health patients. They need stability and safety, just as we all do.” She urged attendees to familiarize themselves with funding for community-based housing and homelessness itself.

“Locked facilities are nobody’s home,” Manuel Jiménez, said, effectively summarizing the focus of the panel discussion about the importance of making housing available for those enduring a behavioral health crisis. He described the EverWell model, which includes community living support, crisis reconciliation, targeted residential treatment and extended care recovery programming.

Veronica Kelley provided information about Be Well, a new treatment facility in Orange County that utilizes a Step-Down Crisis Continuum and offers coordinated behavioral health services to all Orange County residents. Its range of services includes: the county’s first sobering center; a Crisis Stabilization Unit for adults and youth; Withdrawal Management services; a Crisis Residential Program and a special unit dedicated to Co-Occurring Residential Services for Mental Health and Substance Use Disorder.

Teresa Pasquini shared her personal experience of more than 20 years trying to find behavioral health services for her son. “There was nothing civil, right or humane about his care,” she said. “He was jailed, failed and revolved through systems in nine California counties.”

“There are not broken people, just broken systems,” Tyler Fong asserted. Brilliant Corners creates housing platforms that serve anyone who needs deeply affordable housing with wrap-around services, regardless of their position in the social safety net. The organization houses over 175 people monthly and successfully partners with 70 agencies. “It’s about collaboration and communication.”

Session 2: Essential Technology – Links to Success

What do we want and how do we build it?

Moderator: Jim Kooler – Special Consultant, Office of Strategic Partnerships, Department of Health Care Services

Budge Currier – 911 Branch Manager, Statewide Interoperability Coordinator, Office of Emergency Services

Jonathan Porteus – Chief Executive Officer, WellSpace Health [SLIDES](#)

Shari Sinwelski – Vice President, Crisis Care, Didi Hirsch Mental Health Services [SLIDES](#)

Jim Kooler opened the discussion by asking the group to think about the journey of a crisis-based call from the viewpoint of the caller, the person who needs assistance.

The 988 Suicide and Crisis Lifeline is not one large, national call center, but a network of approximately 200 independently operated, independently funded local and state call centers. Thirteen of these call centers are in California. In 2021, call center staff members answered 272,333 calls.

Shari Sinwelski said 3% of the 988 calls received at Didi Hirsch crisis center required a welfare check; Jonathan Porteus of WellSpace said 1.5% of the calls their crisis center received required a check of the same type.

At this time, 988 callers are provided three options:

- Press 1 to be connected to a line dedicated to veterans’ services
- Press 2 for a line for Spanish-speaking callers
- Press 3 for a line for LGBTQ assistance.

If the caller does not choose a prompt, they are routed to their nearest local crisis center.

Individual Chat/Text requests sent to 988 are routed to a California counselor *if* the person reaching out provides their CA zip code. If a local center is not identifiable or not available, that person is routed to a national back-up center.

Porteus outlined the values that drive WellSpace’s crisis response:

- We are the first step in someone’s recovery.
- We want to emphasize the role of people who have lived experience as we help others.
- As people move forward in the behavioral services treatment process, we make a commitment that it be to the least restrictive environment.

Similarly, Sinwelski shared, “We’re committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices and building awareness.”

Currier said that 988 was established at a federal level, with area code routing, so the states organizing at the state level work closely with the Federal Communications Commission (FCC) as well as the Substance Abuse and Mental Health Services Administration (SAMHSA). He outlined several challenges integrating 988 with 911, emphasizing that the outcome must be to put tools into the hands of the people who do the work responding to people during a behavioral health crisis.

The challenges going forward integrating 911 and 988 systems include:

- How do we integrate all the technology needed for emergency communications and the Crisis Response Continuum?
- 988 calls and other crisis lines must enter Crisis Response Centers through one browser.
- Crisis response must be able to transfer calls to 911 or to mobile response units in the correct location.
- Crisis text and chat lines enter the system separately.

According to Currier, the technical requirements for the integration of 988 and 911 are currently being written, so a vendor has not yet been selected. Complete integration of the two systems will occur from 2023 to 2025.

More Information

For more information about *Words to Deeds* and FMHAC, visit www.fmhac.org or contact:

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The content and opinions expressed in this document reflect discussion at the Words to Deeds XVI Conference on November 2 and 3, 2022.

Congratulations 2022 Paradigm Award Winners!

Law Enforcement Champion

Lisa Heintz – Director of Legislation and Special Projects
for the Federal Court Receiver, California Department
of Corrections and Rehabilitation

Community Champion

Sandri Kramer – Director of Community Relations and
Special Projects, Didi Hirsch Mental Health Services

State Champion

Stephanie Welch – Deputy Secretary of Behavioral
Health, California Health and Human Services Agency

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