FMHAC
Words 2 Deeds Track

Update on Crisis Care Continuum Planning and Implementation of 9-8-8

Budge Currier, Assistant Director, Public Safety Communications CalOES

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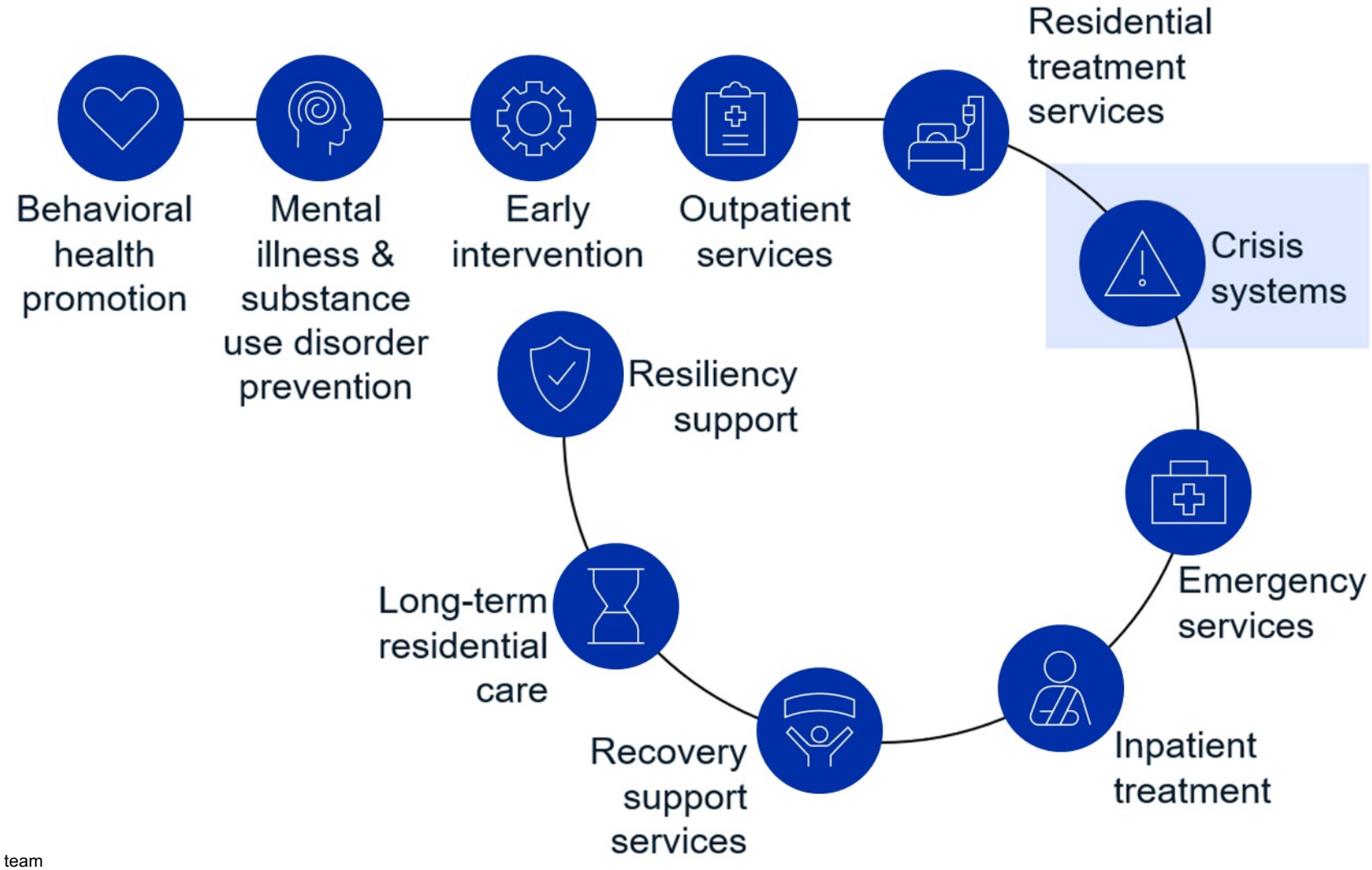
Thanks to:

Stephanie Welch, CalHHS, Deputy Secretary of Behavioral Health

Agenda

- Overview of CalHHS Crisis Care Continuum Plan
- AB 988 Update from CalOES
- Medi-Cal Mobile Crisis Service Benefit

The Behavioral Health Continuum of Care



Source: Discussions with CalHHS team

Objectives of the Crisis Care Continuum Project (CCC-P)

- Identify the **state-wide vision for full set of services** for individuals experiencing crisis
- Define state-wide **essential crisis services**
- Provide a **high-level view of resources required, or current investments** that could be used
- Outline a **governance model** to support implementation
- Identify a **roadmap** to reach major milestones

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Proposed Components of Future State Crisis Care Continuum

BH 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

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What did we Learn: Preventing Crisis - Hotlines & Warmlines

Scope	Warmlines	Hotlines
National	• **8+** major national warmlines, including the TeenLine • Largely operated by non-profits with private funding • Volume ranges from 10k – 75k+ conversations annually by line	• **5+** major national hotlines, including the **NSPL** which operates via **13** **Lifeline Centers in CA** • Operated and funded by mix of non-profit, for-profit, and federal gov. entities • Volume ranges from 150k – 2.4M national crisis contacts / calls annually by line
State-wide	• **2+** state-wide warmlines, including CalHOPE • Operated by gov / non-profit entities; funded by federal (e.g., CCP), state, and private sources • Annual call volume ranges from 20k – 60k by line	• **2+** statewide hotlines, including the Friendship Line (which operates as both a crisis line and a warmline) & the CA Youth Crisis Line • Operated by a non-profit organizations and funded by State of CA as well as private donors • Annual call volume ranges from 15k – 300k by line
County / local	• **6+** county / local warmlines • Operated by county governments and non-profits; funded through public (e.g., MHSA) and private sources • Annual call volume can be up to 100k+ in certain counties	• **75+** county / local crisis lines • Most lines run by counties and other operate as non-profits; some lines re-direct calls to lifeline centers • Annual call volume can be up to 55k+ in certain counties

Sources: Trans Lifeline, Teen Line, NBC News, CopLine, LBGT National Hotline, NAMI HelpLine, National Geographic, YouthLine, NAMI HelpLine, Samaritans, 988 Implementation Plan for California, Veteran's Crisis Line , The Trevor Project, American Association of Suicidology, NSPL, Vibrant, Crisis Text Line, NSPL, Suicide Prevention Resource Center, MHOSF, CalHOPE, CHHS Open Data, Institute on Aging, CalHOPE, State of California, CHHS Open Data, Institute on Aging, California Coalition for Youth, San Joaquin County, NAMI, Project Return Peer Support Network, NAMI Orange County, Northern Valley Peer Run Talk Line, NAMI Sonoma, NAMI San Diego, San Francisco Suicide Prevention, Del Norte Triplicate, Community Health Improvement Partners, State of California, California Senate

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AB 988 Updates

Key CalHHS Responsibilities Under AB 988

- Participate in CalOES Technical Advisory Board through 2028 to coordinate and advise on issues related to 911/988 interoperability and operations
- Create set of recommendations to support a 5-year implementation plan for a comprehensive 988 system, including:
  - Resources and policy changes necessary to address statewide and regional needs
  - Quantifiable goals for statewide and regional behavioral health crisis services
  - Comprehensive assessment of the behavioral health crisis services system
  - Statewide and regional public communications strategies
- Convene quarterly meetings of the State 988 Policy Advisory Group, including a diverse group of stakeholders. This group will advise CalHHS on the set of recommendations for the 5-year implementation plan.

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AB 988 Overview

- AB 988 was signed into law on September 29, 2022

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB988

- Established 9-8-8, using the digits "9-8-8" in compliance with existing federal law and standards
- Requires Cal OES and California Health and Human Services (CHHS) to develop a plan for statewide 9-8-8, 9-1-1, and behavioral health crisis services integration by December 31, 2023
- Defines key terms in the 9-8-8 crisis care continuum
- Requires validation of transfer between 9-1-1 and 9-8-8
- Requires Cal OES to appoint a 9-8-8 System Director
- Requires Cal OES to verify interoperability between 9-1-1 and 9-8-8 by July 1, 2024
- Requires consultation with National Suicide Prevention Lifeline

AB 988 Overview (Cont.)

- Requires CHHS to establish 9-8-8 Advisory Group that will advise CHHS on the five-year implementation plan, which will meet quarterly until January 1, 2024
- Lists 14 areas that CHHS and advisory group shall address
- Requires CHHS to deliver an annual report to the Legislature beginning in December 2024
- Amends Section 1374.724 of the Health and Safety Code
- Amends the Revenue and Taxation Code to include the 9-8-8 surcharge
  - Establishes dedicated 9-8-8 surcharge of $0.08 for 2023 and 2024
  - Subsequent surcharge based on approved budget not to exceed $0.30

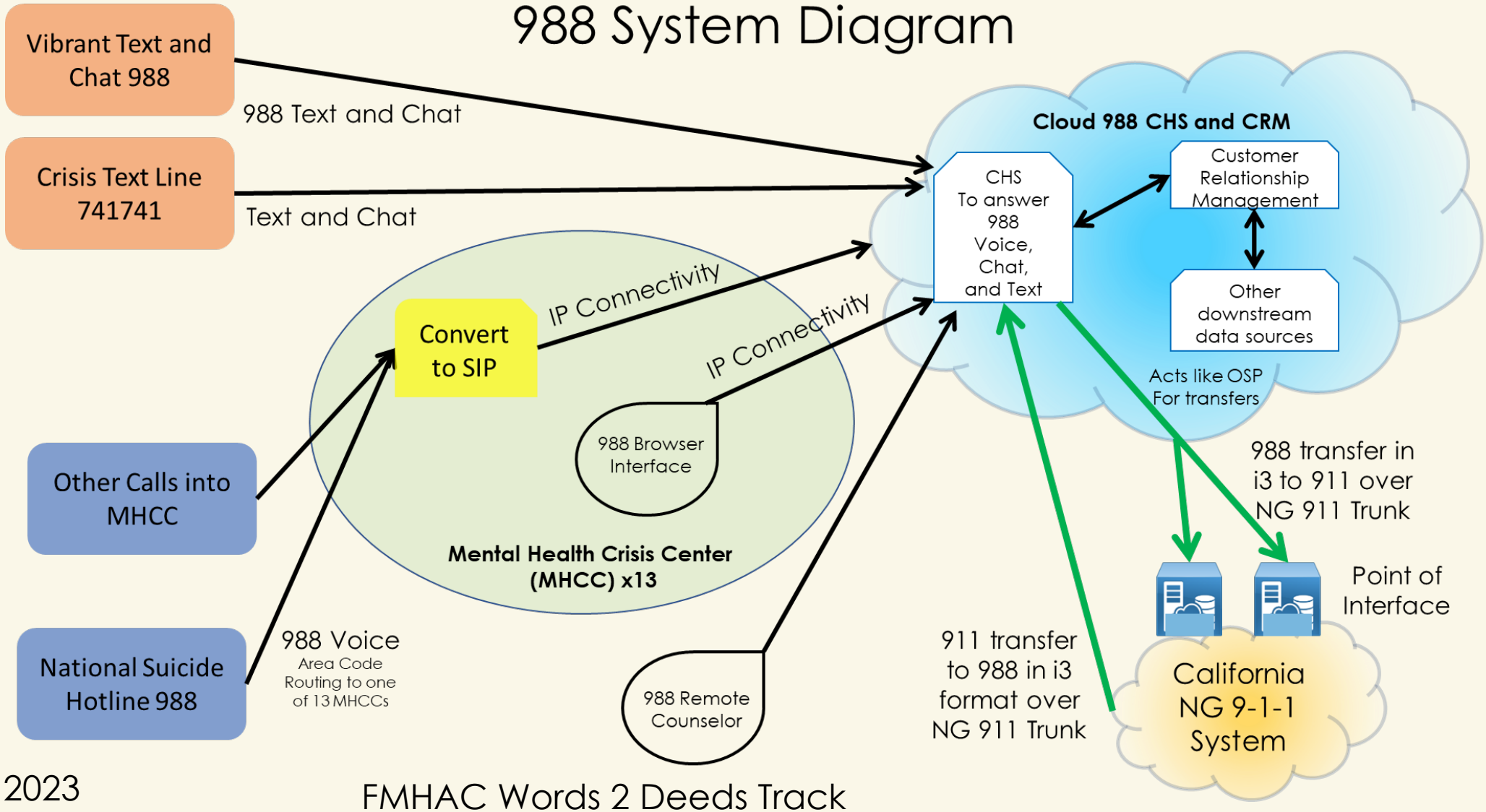
9-8-8 Technical Advisory Board Overview

- Representatives from CHHS, 9-8-8 centers, 9-1-1, and behavioral health crisis service advise Cal OES on the following:
  - Feasibility and planning for sustainable interoperability between 9-8-8, 9-1-1, and behavioral health crisis services
  - Technical and operational standards for the 9-8-8 system that allow for coordination with California's 9-1-1 system
  - Standards and protocols for 9-8-8 center call transfers to 9-1-1, and vice-versa
- Three Working Groups have been established:
  - Best Practices Working Group
  - 988 and 911 Interface Working Group
  - Accessibility and Equal Access Working Group
- Meeting Dates: 5/18/23, 8/17/23, and 11/16/23
- More Information: www.caloes.ca.gov/911

Statewide 9-8-8 Call Handling System (CHS) and Customer Relationship Management (CRM) Status

- Awarded contract is available at: https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/Agreement-A221008463-9-8-8-CHS-ADA.pdf
- NGA 911 was awarded the contract based on a competitive process on December 30, 2022
- Kickoff meeting was conducted on January 11, 2023
- Initial site surveys completed at al 12 locations
- The initial survey included:
  - Introduction of selected vendor
  - Facility walkthrough
  - Initial discussions to identify workflow needs
- Additional detailed surveys and discussions will follow

Statewide 9-8-8 CHS and CRM Overview



Statewide 9-8-8 CHS and CRM Status (Continued)

- Next Steps
  - 9-8-8 CHS Contractor kickoff -1st Q 2023
  - 9-8-8 CHS Contractor discussions / surveys - 1st Q 2023
  - 9-8-8 CHS Project Deployment Plan - 1st Q 2023
  - 9-8-8 CHS Cal OES Lab Validation- 2nd Q 2023
  - Group 1 9-8-8 CHS Installs (6 centers) 2nd Q 2023
  - Group 2 9-8-8 CHS Installs (7 centers) 3rd and 4th Q 2023

SAMHSA, FCC, and Vibrant Collaboration

- Cal OES and SAMHSA meeting 2/8/2023 and ongoing
- FCC proposes rules to promote reliable access to 9-8-8 Lifeline to ensure the reliability and resiliency of the 9-8-8 Suicide & Crisis Lifeline: https://www.fcc.gov/document/fcc-proposes-rules-promote-reliable-access-988-lifeline-0

- Vibrant:
  - NGA 911 has reached out to technology leadership at Intrado to begin design effort for 9-8-8 call delivery
  - Cal OES has ensured cyber security requirements are addressed

Questions and Discussion

For additional information:
www.caloes.ca.gov/911

Department of Health Care Services – Mobile Crisis Services webpage

CalHHS Crisis Care Continuum – Plan webpage

https://www.caloes.ca.gov/office-of-the-director/operations/logistics-management/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-9-8-8-information/

Medi-Cal Mobile Crisis Services Benefit

DHCS

Background: Medi-Cal Mobile Crisis Services

Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a mental health or substance use crisis.

Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced FMAP for qualifying mobile crisis services** for 12 quarters between April 2022 and April 2027.*

DHCS **submitted a State Plan Amendment (SPA) to CMS that establishes a new Medi-Cal mobile crisis benefit**, effective as soon as January 2023.

DHCS' mobile crisis services benefit aligns **with the state's other efforts** to support individuals experiencing a behavioral health crisis.

DHCS' mobile crisis services benefit is designed to ensure all Medi-Cal members have access to coordinated crisis care **24 hours a day, 7 days a week, 365 days per year.**

*Medi-Cal behavioral health delivery systems shall begin implementing the mobile crisis benefit as soon as January1, 2023, and shall have the **benefit fully implemented by December 31, 2023.***

Benefit Design: Staffing Requirements & Required Service Components

Staffing Requirements

- **During the initial onsite mobile crisis response, the mobile crisis team shall consist of at least two qualified providers** (see BHIN 22-064).*
- At least one of the onsite team members must be trained to administer naloxone to reverse opioid overdoses.
- To ensure appropriate clinical support is available, at least one of the onsite team members should be an LPHA or a Licensed Mental Health Professional. If they are not available onsite, the mobile crisis team must have immediate access to an LPHA or Licensed Mental Health Professional via telehealth.
- During the initial mobile crisis response or as part of follow-up, the mobile crisis team must have access to an individual who can prescribe MAT or psychotropic medications, as needed.

Service Components

- Each qualifying mobile crisis services encounter must include, at minimum:
  - Mobile crisis response;
  - Initial face-to-face crisis assessment;
  - Crisis planning, or documentation in the beneficiary's progress note of the rationale for not engaging in crisis planning; and
  - A follow-up check-in, or documentation in the beneficiary's progress note regarding any exceptions.
- When appropriate, each encounter should also include:
  - Referrals to ongoing services; and/or
  - Facilitation of a warm handoff.

**As part of the implementation process, counties may request DHCS approval to permit mobile crisis services to be delivered by a team of one onsite team member and one or more additional team member(s) immediately available via telehealth (synchronous audio/video or audio-only). See BHIN 22-064 for details.*

Benefit Design: Other Requirements (1/2)

Response Times

Mobile crisis teams must arrive onsite:

- ✓ Within 60 minutes of the beneficiary being determined to require mobile crisis services in urban areas; and
- ✓ Within 120 minutes of the beneficiary being determined to required mobile crisis services in rural areas.

Note: Mobile crisis timeliness standards are not included in network adequacy requirements or certification.

Documentation

- ✓ Consistent with documentation requirements in BHIN 22-019, mobile crisis teams must document problems identified during the encounter on the beneficiary's problem list within their medical record.
- ✓ Mobile crisis teams must also create a progress note that describes all service components delivered to the beneficiary.
- ✓ Progress notes should be completed within 24 hours of providing mobile crisis services.

Coordination with Other Delivery Systems

Counties must establish policies to ensure mobile crisis services are integrated into a whole person approach to care. Policies may include but are not limited to:

- ✓ The mobile crisis team must alert the county of the mobile crisis response.
- ✓ The county must inform the mobile crisis team if the beneficiary is receiving TCM, ICC, ECM or FSP.
- ✓ The county must alert the beneficiary's MCP, if known.
- ✓ The mobile crisis team must alert the beneficiary's care manager and coordinate referrals and follow-up, as consistent with privacy and confidentiality requirements.

Benefit Design: Other Requirements (2/2)

Dispatch Requirements & Coordination with 988

- ✓ Counties must establish a system for dispatching mobile crisis teams that includes, but is not limited to:
  1. Identifying a single telephone number to serve as a mobile crisis services hotline and receive beneficiary calls;
  2. Using a standardized dispatch tool to determine when to dispatch a mobile crisis team; and
  3. Developing procedures outlining how mobile crisis teams will respond to dispatch requests.
- ✓ Counties must coordinate with the 988 Suicide and Crisis Lifeline, local law enforcement and 911 systems, the Family Urgent Response System (FURS), and community partners to ensure beneficiaries have information about how to access mobile crisis services when needed.
- ✓ Counties must describe their dispatch strategies in their mobile crisis implementation plans.

Coordination with Law Enforcement

- ✓ When a mobile crisis team is dispatched, it is considered a national best practice for the team to respond without law enforcement unless special safety concerns warrant inclusion.
- ✓ Counties should actively coordinate with law enforcement and share information with law enforcement officers about how to request or coordinate mobile crisis dispatch, when appropriate.
- ✓ Counties should also work with law enforcement to determine how mobile crisis teams and law enforcement can best work together to safely resolve and de-escalate behavioral health crises.
- ✓ Counties must describe their strategies to avoid unnecessary law enforcement involvement in mobile crisis services and describe how they will ensure mobile crisis teams coordinate with law enforcement to safely resolve and de-escalate crises in their implementation plans.

Implementation Process: Training Requirements

All mobile crisis services team members must complete both core and enhanced training modules. Training will be delivered by DHCS' training and technical assistance partner and may include virtual and/or in-person modules.

Core Training Requirements

- All mobile crisis teams shall complete the core training curriculum before submitting claims for qualifying mobile crisis services.
- The core training curriculum will be developed and facilitated by DHCS' training and technical assistance partner and will be available as soon as February 2023.
- The core training curriculum includes:
  - De-Escalation Strategies
  - Harm Reduction Strategies
  - Delivering Trauma-Informed Care
  - Conducting a Crisis Assessment
  - Crisis Safety Plan Development

Enhanced Training Requirements

- Mobile crisis teams can complete the enhanced training curriculum on a rolling basis, but must be complete by December 31, 2023.
- The enhanced training curriculum will be developed and facilitated by DHCS' training and technical assistance partner and will be available as soon as June 2023.
- The enhanced training curriculum will include, but is not limited to:
  - Provider Safety
  - Delivering Culturally Responsive Crisis Care
  - Crisis Response Strategies for Special Populations (e.g. children, youth and families, tribal communities, and beneficiaries with I/DD).
  - Community Partnership Coordination Strategies
  - Suicide Prevention

Data Reporting

Medi-Cal behavioral health delivery systems shall provide **demographic, process and outcomes data** to DHCS on a periodic basis. DHCS will use this information to monitor and oversee Medi-Cal behavioral health delivery systems' implementation of the mobile crisis services benefit.

- Medi-Cal behavioral health delivery systems shall provide DHCS with data about each mobile crisis services encounter. **The data shall include, but are not limited to:**
  - Beneficiary demographics (e.g., age, race, ethnicity, sexual orientation and gender identity, etc.);
  - Crisis location;
  - Response times;
  - Disposition of encounter (e.g., de-escalated in community-based setting, transported to crisis stabilization unit, etc.);
  - Professional titles of each team member participating in the mobile crisis response;
  - Use of telehealth;
  - If transportation was needed, and if so, what type of transportation was provided;
  - Law enforcement involvement; and
  - Timing of follow-up check-ins provided.
- Counties shall conduct **beneficiary satisfaction surveys.**

**DHCS will issue additional guidance on data metrics, reporting processes and methods, and reporting frequency.*

Timeline: Mobile Crisis Services Implementation

County behavioral health delivery systems may begin offering the mobile crisis services benefit on a rolling basis, beginning January 1, 2023.

2022	2023											
Q4	Q1			Q2			Q3			Q4		
Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec

Counties attest that mobile crisis teams meet minimum program requirements (*optional, on rolling basis*)

Counties begin claiming for qualifying community-based mobile crisis intervention services (*on rolling basis*)

Mobile crisis team members complete core training (delivered by DHCS' training partner or otherwise demonstrate compliance)*

Mobile crisis teams submit implementation plans outlining mobile crisis policies and procedures

Mobile crisis teams complete enhanced training (delivered by DHCS' training partner or otherwise demonstrate compliance)*

December 2022
Mobile crisis services implementation BHIN released

February 2023
Core training modules and implementation plan template available (*anticipated*)

June 2023
Enhanced training modules available (*anticipated*)

December 2023
All counties implementing qualifying mobile crisis services

**Counties that currently operate robust mobile crisis programs may request to DHCS that mobile crisis teams be exempt from some training modules if they have been previously trained in that topic.*

Questions?

DHCS