

988 Crisis Hotline

Relevant Laws & Legislation

Presenters:

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Agenda

- I. Overview of Federal Legislation
- II. California Introduced Legislation
- III. American Rescue Plan Act of 2021
- IV. CBHDA Member Survey Data
- V. Questions & Discussion

Overview of Federal Law: S.2661

- **S.2661 - National Suicide Hotline Designation Act of 2020**
 - Signed by President Trump in October 2020
 - Sets up “9-8-8” as the as the universal mental health crisis hotline telephone system for national suicide prevention through the National Suicide Prevention Lifeline & Veterans Crisis Line **effective July 16, 2022**
 - Fee authority for state, local and tribal government
 - Special focus (i.e. training and TA, and resources) for populations with the highest risk of suicidal ideation and death by suicide, to include:
 - LGBTQ youth
 - American Indian/Alaska Native individuals
 - Residents of rural counties



California National Suicide Prevention Lifeline Operators

1. **Didi Hirsch, Los Angeles (lead)**
2. Optum, San Diego
3. Buckelew Suicide Prevention Program, Marin
4. San Francisco Suicide Prevention, San Francisco
5. Crisis Support Services of Alameda County, Alameda
6. WellSpace, Sacramento
7. Central Valley Suicide Prevention Hotline, Fresno
8. Suicide Prevention of Yolo County, Yolo
9. Contra Costa Crisis Services, Contra Costa
10. Star Vista, San Mateo
11. Suicide Prevention of the Central Coast, Santa Cruz
12. Santa Clara County Suicide & Crisis Services, Santa Clara
13. Kern Behavioral Health & Recovery Hotline, Kern

S.2661: 988 Fee Authority & Reporting



Telephone surcharge for state, local and tribal costs:

- For efficient and effective **988 hotline call routing**
- **988 call response:** direct response personnel and acute mental health, crisis outreach and stabilization services



Requires a report to Congress two years after enactment and annually thereafter to ensure transparency and accountability related to fee collection and use

Vibrant Emotional Health 988 Planning Grants

- Didi Hirsch will lead California's Lifeline Crisis Centers to develop a plan for coordination, capacity, funding, and communications surrounding the launch of 988



State Implementation

- The Federal legislation does not require action on behalf of the states
- However...
 - Call volume to the National Suicide Prevention Lifeline is expected to increase when 988 goes live in July 2022
 - Legislation would be necessary to direct fee surcharge and allowable expenses
 - Model legislation developed by National Association of State Mental Health Program Directors (NASMHPD) and MHA
- California advocacy organizations introduced bills based on model legislation:
 - AB 270 (Ramos) Sponsor: CalVoices
 - AB 988 (Bauer-Kahan) Sponsors: Steinberg Institute, Kennedy Forum, NAMI Contra Costa, Contra Costa and Los Angeles Counties

AB 988 (Bauer-Kahan)

Miles Hall Lifeline Act

- **Sponsors:** Steinberg Institute, NAMI Contra Costa, Kennedy Forum, Contra Costa County, and Los Angeles County.
- **Key components:**
 - Establishes oversight authority and structure under a new 988 Crisis Hotline Director within the Office of Emergency Services (OES)
 - Designates county or contractor operated “988 Crisis Hotline Centers” to implement 988, including a defined continuum of services to include:
 - Crisis counseling via 988
 - Mobile mental health crisis teams dedicated to de-escalation, stabilization & referral to services
 - Crisis receiving and stabilization centers, including: CSUs, CRTs, Peer Respite, Involuntary treatment services under the LPS Act

AB 988 (Bauer-Kahan) Miles Hall Lifeline Act

- ***Requires OES to:***
 - Designate 988 Crisis Centers
 - Ensure coordination between 988, 911, mental health crisis services, and specialty mental health warm lines and hotlines
 - Establish training guidelines across categories of dispatchers and first responders
 - Establish standards for mental health crisis services provided through 988
 - Maximize Medi-Cal funding for purposes of 988, in consultation with DHCS
 - Hold quarterly stakeholder convenings to include county behavioral health
 - Report annually on 988 implementation, to include the state of county mental health crisis services

AB 988 (Bauer-Kahan)

Miles Hall Lifeline Act

- ***Requires counties to:***
 - Offer a full continuum of mental health crisis services, to the extent resources are available, funded by SB 82 and MHSA grant funds
 - Maximize existing funding to maintain mental health crisis services
 - Bill private commercial insurance and seek enforcement of parity law for privately insured
 - Contribute existing mobile crisis services in coordination with 988 crisis centers
 - Consult with Tribes to ensure coordination and culturally appropriate services
 - Comply with related regulations established under the Act
 - *Permits* counties to form a JPA for the purpose of expanding mental health crisis services

AB 988 (Bauer-Kahan)

Miles Hall Lifeline Act

- **988 Crisis Hotline Center Requirements:**
 - Participation in the National Suicide Prevention Lifeline Network
 - Data tracking and interoperability with 911 and other first responders
 - Deploy mental health crisis services, including mobile crisis teams & coordination with crisis receiving & stabilization
 - Real time crisis bed availability for the public and first responders, for voluntary and involuntary beds including:
 1. Crisis stabilization,
 2. Psychiatric inpatient,
 3. Substance use disorder inpatient treatment,
 4. Withdrawal management, and
 5. Peer crisis respite
- Prohibits law enforcement co-response unless there is an explicit threat to public safety and the situation cannot be managed without law enforcement

AB 988 (Bauer-Kahan)

Miles Hall Lifeline Act

- **Equity and Diversity Provisions:**
 - All elements of 988 system shall meet unique need of CA communities
 - Crisis hotline centers and crisis services shall do all of the following
 - Ensure equitable access to services
 - Meet the unique needs of specific populations including:
 - Individuals experiencing homelessness
 - Persons with disabilities
 - BIPOC
 - LGBTQ+ individuals
 - Immigrants and refugees
 - Low-income individuals, older adults, children and youth, etc.
 - Directs the CPDH Office of Health Equity to provide technical assistance to OES, counties, and contracted crisis hotline centers

AB 988 (Bauer-Kahan)

Miles Hall Lifeline Act

- **Considerations:**
 - Fast implementation/urgency bill
 - No requirement to partner with, or build upon county behavioral health infrastructure
 - Imposes new requirements for county behavioral health
 - Adds a new state-level regulator for county behavioral health
 - Limits mobile response to mental health crises/excludes substance use disorder related crises
 - Imposes new restrictions on law enforcement co-response
 - Would establish specialized teams to provide coordinated care for individuals experiencing chronic homelessness

CBHDA Position: *Pending*

AB 270 (Ramos)

Core Behavioral Health Crisis Services System

- **Sponsor:** CalVoices
- Some similarities with AB 988 although with less detail
- **Key differences:**
 - Fees limited to funding mobile crisis response for those services not covered by Medicare, Medi-Cal, or another payer
 - Oversight & Administration housed under the new Office of Suicide Prevention
 - Mobile crisis teams defined as:
 1. Jurisdiction-based behavioral health teams that include licensed behavioral health professionals and peers;
 2. Behavioral health teams embedded in EMS that include peers;
 3. Police department-based co-responder behavioral health teams including peace officers, licensed behavioral health professionals, and peers

CBHDA Position: *Pending*

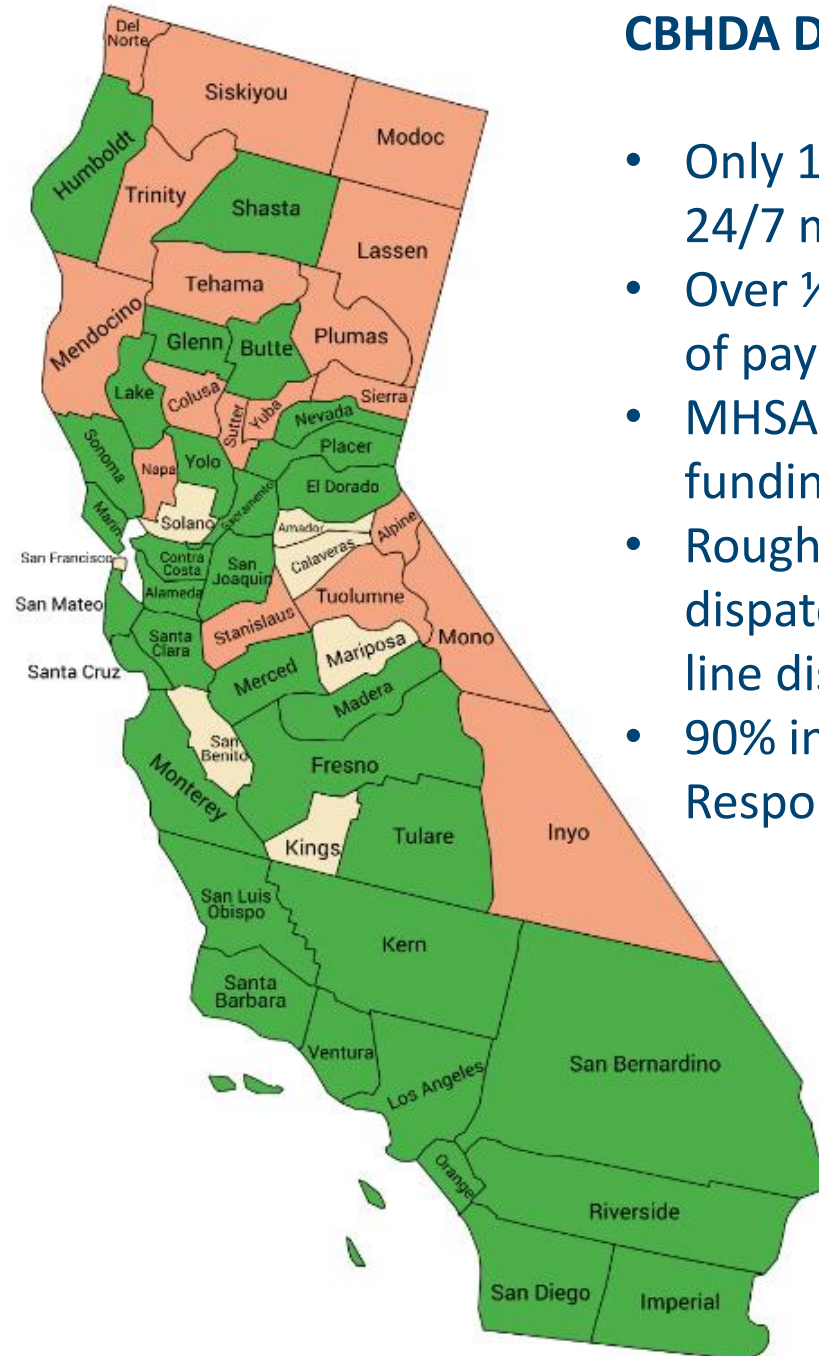
American Rescue Plan Act of 2021

- Signed into law March 11, 2021
- **Establishes mobile crisis intervention services as a new Medicaid state benefit option for mental health and substance use disorder services**
- For a 5-year period beginning April 1, 2022, states may fund mobile crisis intervention services:
 - At a temporary 85% FMAP for mobile crisis services (15% non-federal share)
 - Beneficiaries must be otherwise Medicaid eligible
 - Services must be provided outside of a hospital or facility setting
 - Services limited to mobile crisis services for those experiencing a mental health or SUD crisis
 - Services must be available on a 24/7 basis
 - Funds must supplement, not supplant, state-level of funding for such services during prior Fiscal Year
 - Provides \$15 million (total for U.S.) to states for planning grants

CBHDA Dec 2020 Member Survey Data

Legend

- Counties with Mobile Crisis Response
- Counties without Mobile Crisis Response
- Unknown/ Did Not Respond



- Only 10 counties reported existing 24/7 mobile response capacity
- Over ½ serve all residents, regardless of payer
- MHPA and Medi-Cal are primary funding sources
- Roughly half are law enforcement dispatched/half are crisis or access line dispatched
- 90% include Law Enforcement Co-Response

• **City of Berkeley and Tri-Cities Mental Health Authority also have mobile crisis response**

CBHDA Process/Next Steps

- Discuss high-level policy and build awareness (today)
- **Form CBHDA 988 Work Group:**
 - Email: Emily Lowrie (elowrie@cbhda.org) and Tyler Rinde (trinde@cbhda.org) if interested
 - Workgroup to provide recommendations and technical assistance for pending legislation and implementation
 - Finalize CBHDA position via Legislative Committee and/or Executive Committee
 - Engage author and co-sponsors to seek amendments and improve legislation
 - Advocate for state to opt-in to statewide Medicaid funding option and coordinate with 988 implementation efforts

Discussion & Questions

- What role(s) do county behavioral health want to play in the future of 988 in California?
- What green flags or red flags do you see with proposed legislation?
- How do 988 proposals align with existing county BH services?
- How do these proposals align with the Crisis Now pilots?
- How could 988 policy improve access and outcomes for BIPOC and LGBTQ communities?
- What, if any, resources would be needed?
- What, if any, protections would be needed?