California 9-8-8 Implementation

National Suicide Hotline Designation Act of 2020 (Federal Law)

In October 2020, the federal government passed the National Suicide Hotline Designation Act of 2020, which paved the way for the Federal Communications Commission to designate 9-8-8 as the universal hotline number for the National Suicide Prevention Lifeline (NSPL). Creating an "easy-to-remember" number is likely to increase public access to suicide prevention and mental health crisis resources. The federal legislation also allows states to impose a fee to help finance NSPL call centers and related mental health services. While the 9-8-8 associated fee is an option for states, the current 10-digit NSPL number will automatically switch to 9-8-8 starting in July 2022.

NSPL/988 Call Centers

Currently, California has 13 NSPL Call Centers serving 58 diverse counties. These were established and have been supported in part through funding and partnerships with county behavioral health. Two of the thirteen (Kern County and Santa Clara) are managed by county behavioral health agencies.

NSPLs are largely staffed by volunteers with training to deliver emotional support to individuals experiencing suicidal ideation. Beginning in July, California's NSPL call centers will automatically receive phone calls from callers with California area codes, regardless of the caller's location. In addition, when a caller's home call center is at capacity, callers from all over the nation will be rerouted to other states, as is the case with NSPL calls today.

Behavioral Health Crisis Services in California

Currently, county behavioral health agencies coordinate, fund, and deliver the behavioral health crisis services safety net in California. Every county is required to have a public access line to connect residents to available mental health and substance use disorder services. However, due to a historic lack of standardized benefits and funding from the federal and state levels, California's behavioral health crisis safety net is a patch work. Some regions of the state have robust networks of multiple, specialized mobile crisis teams, embedded coordination with 911 and NSPLs, and a range of crisis receiving and stabilization services available to all county residents, regardless of payer. Others, particularly in more sparsely populated regions of the state, may not have any existing mobile crisis services, but often operate the most robust network of behavioral health services in their region. As with medical care, workforce and population density challenge timely access to needed services throughout rural California. In most of these underresourced rural communities, they must coordinate with a NSPL call center that covers multiple, counties with a range of assets and needs, and include significant broadband and geographic access challenges.

Without a dedicated mobile crisis benefit currently, 66% of California counties are able to operate a mobile crisis team. However, these programs vary by county in terms of hours of operation, service reach, sustainable funding, and response models.

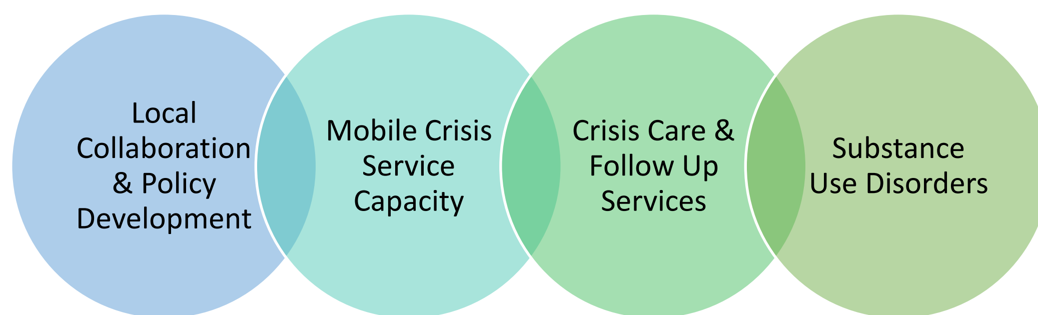
988 Efforts in California

AB 988 (Bauer-Kahan) seeks to establish the National Suicide Hotline Designation Act of 2020 whereby NSPL call centers would serve as a hub to connect Californians with mental health and crisis services supported through a California 9-8-8 fee as provided in federal law.

CBHDA supports the intent of AB 988 to leverage '9-8-8' as a new access point for individuals seeking behavioral health crisis services and to establish a California fee to help fund increased demand and expanded services delivered by 9-8-8 call centers and county behavioral health agencies. Due to the projected increase of suicide and mental health crisis calls to the NPSL call centers, coordination between call centers and county behavioral health networks is essential. CBHDA is seeking amendments to AB 988 to strengthen these partnerships by ensuring that callers are appropriately screened, triaged, and connected to local resources. In particular, given the need to build up and support both NSPL and county behavioral health crisis services, the potential 9-8-8 tax resources are essential to building out the vision of connecting callers to a robust network of behavioral health crisis services. While California has not yet opted to establish a fee dedicated to financing 9-8-8 or related mental health services, the state dedicated $20 million in grant funding in the 2021-22 budget for NSPL call centers to improve technology, infrastructure and staffing to meet anticipated increased call volume.

CBHDA also supports the Newsom Administration's vision to create a 988 workgroup to convene diverse state-level stakeholders develop a statewide framework for coordination across multiple impacted agencies, including county behavioral health, emergency response, law enforcement, NSPL call centers, and other entities.

988 Implications for California's Behavioral Health Crisis System



Local Collaboration and Policy Development

CBHDA proposes that the state establish local processes, whereby county behavioral health agencies would convene local stakeholders to develop local behavioral health crisis response plans, to parallel the state's approach for coordination of emergency medical response under county health departments. Key participants of this stakeholder advisory group would include, but not be limited to: Local Behavioral Health Boards,

clients, peers and family members, local NSPL Call Centers, local law enforcement, 911, behavioral health providers, public health, local emergency medical services, and others. Under this process, these local partners would be responsible for developing policies and protocols related to:

- Interagency coordination;
- Interoperability standards;
- Triage and dispatch of behavioral health crisis teams;
- Data sharing agreements;
- Training standards;
- Coordination across various behavioral health access points to local behavioral health services including, but not limited to, mobile crisis services, crisis receiving and stabilization, and other ongoing treatment options.

Behavioral health crisis response is not a "one size fits all" model and having these conversations at the local level will ensure the most appropriate response to meet community needs.

Mobile Crisis Service Capacity

Thanks to a new federal Medicaid mobile crisis benefit, available through the American Rescue Plan Act (ARPA), California plans to build out a more consistent statewide mobile crisis benefit under Medi-Cal in partnership with county behavioral health plans, starting in 2023. This new Medi-Cal benefit will leverage existing county behavioral health mobile crisis capacity, recently supported through infrastructure funding passed in the California 2021 budget.

With the development of the mobile crisis benefit in the works, county behavioral health is on the pathway to more sustainably funding mobile crisis programs through Medi-Cal. However, county behavioral health programs often go beyond their Medi-Cal scope of responsibility to serve individuals who are uninsured or have commercial insurance.

Nearly all county mobile crisis programs in California currently respond to all individuals, regardless of their insurance status. Given that seven out of ten Californians has commercial insurance, a significant proportion of these mobile crisis callers are privately insured, and county behavioral health departments rarely reimbursed for these crisis services. With the transition to 988 and the expected increase in individuals accessing mobile crisis response, it is critical to establish a stable funding source to support response to all individuals regardless of their insurance status. Further, the proposed AB988 legislation would create the 988 State Mental Health and Crisis Services Special Fund which may be utilized to finance 988 crisis hotline centers and the operation of mobile crisis teams. Sustainable funding for mobile crisis services across all payors may be achieved through a combination of the Medi-Cal mobile crisis benefit, the 988 State Mental Health and Crisis Services Special Fund, and more reliable private insurance reimbursement.

Crisis Care and Follow Up Services

With an expected increase call volume for NSPL call centers, it is necessary to shore up the behavioral health crisis response networks currently in place at the local level and associated impacts, from triage and dispatch, through to crisis receiving and stabilization services, across all payers. County behavioral health agencies established mobile crisis teams, Crisis Stabilization Units (CSUs), and crisis residential treatment services supported through county behavioral health to treat individuals who require in-person or follow up crisis care, as resources are available at the local level. Often, county behavioral health agencies have leveraged existing

911 and law enforcement infrastructure to identify and connect to Californians in need due to a lack of dedicated investment in parallel behavioral health crisis infrastructure at the state and federal levels.

Given gaps in coverage for commercially insured Californians for a range of behavioral health emergency, crisis and follow up services, California will need to consider added resources, whether through the 9-8-8 fee, or other measures to more sustainably fund behavioral health crisis networks on par with medical emergency services.

In addition, county behavioral health has established behavioral health access lines and warm lines which will need to be reassessed and reimagined as 9-8-8 comes on board. Linkage and connection to locally available and county behavioral health supported behavioral health crisis resources should be triaged and coordinated through county behavioral health, consistent with parallel medical emergency systems, in consideration of the capacity and strengths of each county's NSPL call center.

Appropriate Care for Individuals with Substance Use Disorder Needs

As California embarks on building a more robust behavioral health crisis system, it is critical that expanded capacity at all levels include the ability for these disparate systems to appropriately respond to individuals with substance use disorder (SUD) needs. This may require additional training for NSPL staff, as well as local EMS and other first responders. A drug overdose is a medical emergency, and Californians need to be educated about the need to continue to seek out an emergency medical response for overdose crisis. In addition, capacity needs to be improved in all systems to more appropriately connect individuals with SUDs to recovery and treatment resources.