



**California
Behavioral Health
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

December 10, 2024

Dr. Anh Thu Bui

Project Director, 9-8-8 Crisis Care Continuum
California Health and Human Services Agency
1215 O Street
Sacramento, CA 95814

**RE: November 26 – December 10, 2024, Public Comment Period for
Draft 9-8-8 Five-Year Implementation Plan**

Dear Dr. Bui,

The California Behavioral Health Planning Council (CBHPC) has the statutory authority to review, evaluate, and advocate for persons with Serious Mental Illness (SMI), youth with Severe Emotional Disturbances (SED), and individuals with substance use disorders (SUD) in Welfare and Institutions Code §5771 and §5772. The recommendations outlined in this letter are in alignment with the Council's Policy Platform and our vision of a behavioral health system that makes it possible for individuals with lived experience of a serious mental illness or substance use disorder to lead full and purposeful lives.

The CBHPC appreciates the California Health and Human Services Agency (CalHHS) for engaging stakeholders in the development of the 9-8-8 Five-Year Implementation Plan. CBHPC staff and Council Members have attended 9-8-8 Crisis Policy Advisory Group meetings. Our members have spent time evaluating the interaction between specific crisis lines and 9-8-8, and engaged in discussions with local counties, community-based organizations (CBOs), Federally Qualified Health Centers (FQHCs), and public advocates regarding best practices and opportunities to build a robust continuum of crisis care including the 9-8-8 system. This letter includes our consolidated response to the draft 9-8-8 Five-Year Implementation Plan released for public comment on November 26, 2024.

The Planning Council overall supports the content outlined in the draft 9-8-8 Five-Year Implementation Plan. We value that the plan aims to build

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consistent access to crisis services statewide, enhance coordination across the continuum of care, and deliver a high-quality, equitable system for all Californians. The CBHPC appreciates that the plan is detailed and thorough. We believe that the plan will help strengthen the crisis care continuum by enhancing clarity for individuals in crisis to know where to call for support and make connections to care through warm hand-offs.

The Planning Councils views the 9-8-8 Five-Year Implementation Plan as a work in progress as it will require multiple systems and services that are currently under development to work effectively. For instance, the administrative and service components, as well as issues around private and public payor billing systems are in process of being addressed for effective implementation through various state initiatives. These initiatives include but are not limited to the Behavioral Health Transformation (BHT), California Advancing and Innovating Medi-Cal (CalAIM), California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT), Behavioral Health Continuum Infrastructure Program (BHCIP), and the Children and Youth Behavioral Health Initiative (CYBHI).

The CBHPC would like to note that successful implementation of the 9-8-8 system will depend on building sufficient capacity of the behavioral health continuum of care to meet the needs of individuals using the system. This will require technological interfaces between the 9-1-1 and 9-8-8 systems and equipping local information technology platforms to deploy crisis teams 24/7 to mirror the 9-8-8 system. It will also require a robust behavioral health workforce and staff available to meet the demands of the 9-8-8 system to respond to individuals seeking care.

The CBHPC recommends that CalHHS identify current best practices to equip state and local public health departments with the technical assistance and resources needed for successful implementation. For instance, Santa Clara County Behavioral Health Services utilized BHCIP funding to implement an application-based crisis response system to provide a comprehensive solution for 9-8-8 crisis centers and behavioral health care coordination. Santa Clara County's Salesforce program uses a scheduling and dispatching system to ensure the right case worker addresses the individual in crisis. The scheduling system allows real-time visibility of schedules and upcoming appointments, improves scheduling efficiency and flexibility, automates scheduling and optimization to maximize productivity, and ensures proper crisis coverage. The program has a mobile application that allows employers and contractors to operate



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more effectively in the field. Individuals in crisis may use the phone and web-based application which includes wait time for a crisis responder and automatically syncs offline data including service appointment and account details to maintain efficiency when cell phone signal is not available. The CBHPC encourages CalHHS, the Department of Health Care Services (DHCS), and Department of Public Health (CDPH) to identify additional best practices to support counties with grants, technical assistance, and support to support a robust 9-8-8 system of care.

To address equity and access issues, the CBHPC encourages CalHHS to work with state agencies, county systems, and local entities to strategize effective outreach efforts. We request that specific attention be given to ethnically diverse communities and communities that have been historically underserved and marginalized when approaching outreach as these individuals are often left out. For instance, it would be helpful to conduct outreach and provide materials in multiple languages and utilize Community Health Workers and other community partners to connect unserved and underserved diverse communities to the 9-8-8 system and crisis care continuum. Additionally, these communities may need education on the difference of calling 9-1-1 and 9-8-8 and what to expect when calling each designated number so that individuals are comfortable utilizing the 9-8-8 line.

The Planning Council also supports the California Alliance for Child and Family Services and Children's Partnership letter of recommendations for the 9-8-8 Five-Year Implementation plan submitted to CalHHS on November 14, 2024 as it pertains to supporting children and youth populations in crisis. We would like to extend these recommendations to all ages, including vulnerable populations such as older adults, justice-involved, and individuals experiencing or at-risk of experiencing homelessness. Specific considerations for older adults include education and assistance with technology, transportation to crisis care follow-up appointments, and education to build comfortability and familiarity for older adults to call the 9-8-8 phone line when appropriate as compared to the 9-1-1 line.

The Planning Council applauds the inclusion of the client voice and feedback in the development of the recommendations outlined in the draft 9-8-8 Five-Year Implementation Plan. We encourage CalHHS to continue working in consultation with clients and users of the system through the policy development and implementation process. This includes individuals



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with lived experience as well as culturally and linguistically diverse communities. We encourage the plan to be released for input from these communities in early 2025. Understanding that there is a short timeline to submit the draft implementation plan to the Legislature, the CBHPC encourages the state to make refinements to the deliverable with specificity that applies to local counties and communities during the early planning stages in 2025. This will require the plan to be written in plain language that is easy to read and digest by our local communities.

The Planning Council thanks CalHHS for the opportunity to provide feedback on the draft 9-8-8 Five-Year Implementation Plan. We welcome the opportunity to further discuss our comments at your convenience.

For questions, please contact Jenny Bayardo, Executive Officer, at Jenny.Bayardo@cbhpc.dhcs.ca.gov or by phone at (916) 750-3778.

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Sincerely,

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