



**California Health and Human Services Agency (CalHHS)
988-Crisis Policy Advisory Group (PAG)
Integration of 988 into the Crisis Care Continuum Workgroup Meeting #1
February 24, 2026 | 10 a.m. - 12 p.m. PT (Virtual)**

ATTENDEES:

Workgroup Members (Virtual)

- **Alexandria Simpson**, California Department of Health Care Services
- **Amanda Levy**, California Department of Managed Health Care
- **Amanda McConnell**, CalOptima Health
- **Anete Millers**, California Association of Health Plans
- **April Giambra**, Lake County Behavioral Health Services
- **Ashley Mills**, California Department of Public Health
- **Austin Trujillo**, California Department of Managed Health Care
- **Ayana Rose**, Sycamores
- **Brenda Grealish**, Commission for Behavioral Health
- **Brittney Dobson-Ellis**, Stanislaus County Behavioral Health & Recovery Services
- **Chad Costello**, California Association of Social Rehabilitation Agencies
- **Claudia Chavez**, Pala Band of Mission Indians
- **Erika Cristo**, California Department of Health Care Services
- **Ivan Bhardwaj**, California Department of Health Care Services
- **Jackie Tompkins**, California Department of Aging
- **Jared Altenhofel**, Kern County Sheriff's Office
- **Kirsten Barlow**, California Hospital Association
- **Le Ondra Clark Harvey**, California Behavioral Health Association
- **Meenal Gounder**, California Department of Health Care Services
- **Miguel Serricchio**, eCapital
- **Narges Zohoury Dillon**, Crisis Support Services of Alameda County

- **Neha Shergill**, California Department of Public Health
- **Phebe Bell**, California Mental Health Services Authority
- **Ruth Drake**, Pala Band of Mission Indians
- **Sean Johnson**, CalVet
- **Shari Sinwelski**, Didi Hirsch Mental Health Services
- **Stephen Sparling**, California Coalition for Youth
- **Tara Gamboa-Eastman**, Steinberg Institute

Workgroup Members (Absent)

- **Amber Westphal**, Lake County Behavioral Health Services
- **Carli Stelzer**, California Behavioral Health Association
- **Carmen Katsarov**, CalOptima Health
- **Chrissy Andrus**, Lake County Behavioral Health Services
- **Christine Bagley**, California Department of Developmental Services
- **Doug Subers**, California Professional Firefighters
- **Jessica Wilson (Cruz)**, NAMI California
- **Jonathan Porteus**, WellSpace Health
- **Kristen Miller**, Riverside University Health System- Behavioral Health
- **Matt Taylor**, Didi Hirsch Mental Health Services
- **Nancy Eldred**, NAMI California
- **Rhyan Miller**, Riverside University Health System- Behavioral Health
- **Ruben Imperial**, Stanislaus County Behavioral Health
- **Saurav Jung Thapa**, The Trevor Project

Project Team (Virtual)

- **Anh Thu Bui**, CalHHS
- **Brett McMillen**, Advocates for Human Potential
- **Jamie Strausz-Clark**, Hypha Consulting

Meeting Summary

WELCOME

Jamie Strausz-Clark, Hypha Consulting, opened the meeting by reviewing workgroup protocols, instructions for public comment, meeting objectives and agenda, workgroup members, and PAG mutual agreements. The meeting objectives for the 988 Integration Workgroup Meeting #1 included:

1. Understand where priority topics overlap with previous work and identify which areas fit this workgroup's role, scope, and expertise.
2. Inform the development of the 2026 Progress Report and advance recommendations from the AB 988 Five-Year Implementation Plan by providing insights on collaborations between 988 and other parts of the system: successes, challenges and barriers, and lessons learned.
3. Clarify next steps, including potential topics for the 988 Integration Workgroup Meeting #2.
4. Hear public comments.

PRESENTATION: Addressing PAG Priorities

Dr. Anh Thu Bui, CalHHS, provided a brief presentation that revisited the AB 988 Five-Year Implementation Plan with a special focus on integration of 988 into the crisis care continuum. She reviewed transitions in care within the crisis care continuum, identified the intersection points between services in which help seekers often land, and highlighted the role the state can play in strengthening the links between crisis care services, emergency services, and other services (e.g., primary care, schools, etc.). Dr. Bui also reviewed the key recommendations and potential implementation activities to increase coordination across the continuum of behavioral health crisis services.

Jamie concluded the presentation with an overview of key themes suggested by PAG members for the 988 Integration Workgroup to consider. She shared how these focus areas align with the workgroup's role, scope, and capacity.

Jamie then opened it up for comments and/or questions from workgroup members. Two workgroup members shared appreciation for the presentation including the overview of priorities and clear outline of the PAG's scope.

DISCUSSION: Lessons Learned from Successes and Challenges

Jamie prefaced the discussion by sharing examples of successful collaborations within the crisis care continuum:

- Riverside County Behavioral Health & Law Enforcement: Field-based mobile crisis teams that respond jointly with or in place of police that

have been successful in reducing arrests and emergency room visits after a behavioral health crisis.

- Nevada County Behavioral Health & Hospitals/Emergency Departments: Collaborations in which the county deploys clinicians and crisis workers to emergency departments and hospitals to provide psychiatric assessments and crisis stabilization, mitigating some of the negative outcomes that may come from people visiting emergency departments when experiencing a behavioral health crisis.
- WellSpace 988 Crisis Center, Sacramento County, & Bay Area Community Services: Community wellness response team that provides 24/7 mobile crisis response and warm handoffs to mobile crisis response.

The group then discussed the following key questions:

1. What are additional examples of successful collaborations across the crisis care system—such as between 988, local governments, Tribes, providers, community-based organizations, and/or law enforcement?
2. What are persistent barriers and/or challenges to effective collaboration between 988 and other parts of the crisis care continuum?
3. What are the lessons learned from these successes, challenges, and barriers? How can those lessons help us improve how different parts of the system connect and work together?

The following outlines the main points of these discussions.

Successful Collaborations Across the Crisis Care System

Workgroup members described successful strategies that included increased collaboration with substance use treatment providers, schools, homelessness service providers, and community-based organizations; partnership with a large healthcare plan/provider to manage and conduct training on crisis response; and diversion-focused activities such as warm transfers from police to 988 crisis centers, expansion of work with additional public service access points (PSAPs), and mobile crisis dispatching. One participant discussed the value of a Tribal task force to help connect people who identify

as Native to specific resources within the community through an opt-in automated texting program, and the importance of understanding different Tribal identities and affiliations (e.g., an Urban Indian population may not be connected to a Tribe but may still identify as Native American and want Tribal-specific care). Participants reflected that successful collaborations take time and flexibility and require equity and culturally responsive, population-based services. Many agreed that memoranda of understanding (MOUs) are critical, and their development should involve those with a full understanding of the work.

Persistent Barriers and/or Challenges to Effective Collaboration Between 988 and Other Parts of the Crisis Care Continuum

Participants identified a number of barriers and challenges, which fell mainly into the following categories:

- **State-level guidance and collaboration.** Participants noted that they felt challenges with communication and continuity, such as lack of resources to achieve the goals of the plan (e.g., unclear guidelines on diversion and expectations on mobile crisis dispatch), along with challenges related to changes in staff and leadership. Participants noted that the decision-making process at the state level does not always feel inclusive of or collaborative with those doing the work. This was noted to be particularly challenging for Tribal voices.
- **Outreach and education.** The group discussed how to get information about 988 out to the public and other stakeholders in an easily digestible format (e.g., infographics, talking points, or video). Messaging can be particularly important, participants noted, for populations that do not trust police involvement.
- **Time and effort.** Building trust, formalizing relationships, and implementing collaborative activities all take time and sustained effort. While some parts of this effort can be scaled (e.g., MOUs), much of it requires tailored and personal interactions that cannot be streamlined.

Lessons Learned from Successes, Challenges, and Barriers

The group talked about the pandemic-era spirit of making quick changes to improve a situation, and how this same urgency can be harnessed to move

the goals of 988 implementation forward with potential partners and stakeholders. Some ideas for how to communicate this urgency included normalizing crisis care by sharing uplifting stories of lived experience and “marketing” the crisis care system in the same way other industries market their products, especially through social media. The group emphasized the importance of staying persistent when building partnerships. One participant described overcoming contracting challenges through an MOU process that took half a year but resulted in a working partnership.

MEETING CONCLUSION AND NEXT STEPS

Jamie shared a call to action for the entire group to share their templates, tools, processes, and protocols that have been useful for collaboration. These items will be collected and collated for the 988 Integration Workgroup Meeting #2. Jamie reviewed the schedule for the upcoming workgroup meetings:

- March 5, 2026: Sustainable Funding Workgroup #1.
- March 19, 2026: Integration of 988 into the Crisis Continuum Workgroup #2.
- April 7, 2026: Sustainable Funding Workgroup #2.

ADDITIONAL MATERIALS AND RESOURCES

Meeting materials and the recording will be available on the [988-Crisis Policy Advisory Group website](#). Resources from the meeting are included as an appendix to this file.

PUBLIC COMMENT

Public comments were open for this meeting. Comments could be submitted at any time via email at AB988Info@chhs.ca.gov. None were submitted live or via email.

Appendix

RESOURCES

- Bagley-Keene Basics (CalHHS): <https://www.chhs.ca.gov/wp-content/uploads/2021/06/Bagley-Keene-Basics.pdf>
- Behavioral Health Crisis Care Continuum Plan (CalHHS): https://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf
- AB 988 Five-Year Implementation Plan (CalHHS): <https://www.chhs.ca.gov/wp-content/uploads/2025/01/AB-988-Five-Year-Implementation-Plan-Final-ADA-Compliant.pdf>