California Health and Human Services Agency (CalHHS)
988-Crisis Policy Advisory Group (PAG)
Integration of 988 into the Crisis Care Continuum Workgroup Meeting #2
March 19, 2026 | 10 a.m. to 12 p.m. PT (Virtual)

ATTENDEES:

Workgroup Members (Virtual)

- **Alexandria Simpson**, California Department of Health Care Services
- **Amanda McConnell**, CalOptima Health
- **April Giambra**, Lake County Behavioral Health Services
- **Ashley Mills**, California Department of Public Health
- **Austin Trujillo**, California Department of Managed Health Care
- **Carmen Katsarov,** CalOptima Health
- **Chad Costello**, California Association of Social Rehabilitation Agencies
- **Claudia Chavez**, Pala Band of Mission Indians
- **Erika Cristo**, California Department of Health Care Services
- **Jackie Tompkins**, California Department of Aging
- **Jared Altenhofel**, Kern County Sheriff's Office
- **Le Ondra Clark Harvey**, California Behavioral Health Association
- **Meenal Gounder**, California Department of Health Care Services
- **Michelle Cabrera**, County Behavioral Health Directors Association of California
- **Narges Zohoury Dillon**, Crisis Support Services of Alameda County
- **Neha Shergill**, California Department of Public Health
- **Ruth Drake**, Pala Band of Mission Indians
- **Saurav Jung Thapa,** The Trevor Project
- **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
- **Ayana Rose**, Sycamores
- **Brenda Grealish**, Commission for Behavioral Health
- **Brittney Dobson-Ellis**, Stanislaus County Behavioral Health & Recovery Services
- **Carli Stelzer**, California Behavioral Health Association
- **Chrissy Andrus**, Lake County Behavioral Health Services
- **Christine Bagley**, California Department of Developmental Services
- **Doug Subers**, California Professional Firefighters
- **Ivan Bhardwaj**, California Department of Health Care Services
- **Jessica Wilson (Cruz)**, National Alliance on Mental Illness (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
- **Phebe Bell**, California Mental Health Services Authority
- **Rhyan Miller**, Riverside University Health System-Behavioral Health
- **Ruben Imperial**, Stanislaus County Behavioral Health
- **Sohil Sud**, California Health and Human Services Agency

Project Team (Virtual)

- **Anh Thu Bui**, CalHHS
- **Brett McMillen**, Advocates for Human Potential, Inc. (AHP)
- **Jamie Strausz-Clark**, Hypha Consulting
- **Tenly Biggs**, AHP

Meeting Summary

WELCOME

Jamie Strausz-Clark, Hypha Consulting, opened the meeting by reviewing the 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 #2 included:

1. Build upon what was learned in the 988 Integration Workgroup Meeting #1 about barriers and challenges to collaboration and coordination by co-creating a structure for a toolkit to recommend to the 988 PAG for further development.
2. Clarify next steps, including what this workgroup will recommend to the 988 PAG in April.
3. Hear public comments.

PRESENTATION: Recap of 988 Integration Workgroup Meeting #1

Jamie provided an overview of the high-level themes of the 988 Integration Workgroup Meeting #1, which was held on February 24, 2026. The primary focus of that meeting was addressing the question: *What are some examples of challenges to and opportunities for effective collaboration across the crisis care system?*

Examples of challenges identified by the workgroup include the following:

- Gaps and inconsistencies in infrastructure, technology, and standards, especially between rural and urban areas and providers.
- Capacity and workload constraints with the time and complexity required for some referrals and handoffs.
- Funding and resource gaps, along with bureaucratic hurdles such as creation of memoranda of understanding (MOUs).
- Inconsistent communication about 988 and lack of public awareness of resources.
- Cultural and trust barriers, especially among Tribal populations.

Examples of opportunities identified by the workgroup include the following:

- Templates, tools, and other standardized, but customizable, guidance to streamline coordination and collaboration across the system.
- Documented lessons learned from effective collaborations.

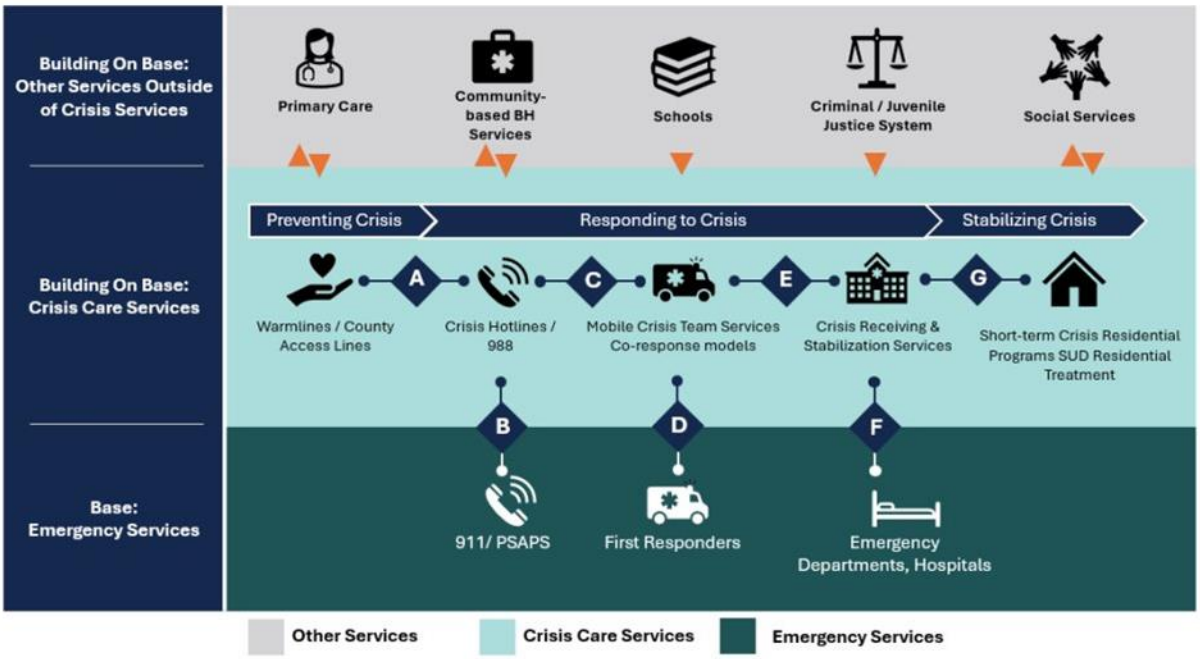
EXERCISE: Draft 988 Integration Toolkit Outline

The majority of the meeting was spent discussing the outline for a future 988 Integration Toolkit, based on Figure 4, *Transitions in Care,* from the AB 988 Five-Year Implementation Plan. The transition points—noted by the diamonds with a letter in them in the figure below—are where help-seekers move from

one place to the next. The goal of the toolkit will be to organize tools such as templates, protocols, and guidance around the transitions identified in this figure.

Participants and meeting organizers used the Zoom Whiteboard feature to comment on the graphic throughout the discussion.

Figure 4. Transitions in Care



Transition Point A: Warmlines to Crisis Hotlines

Suggestions in this topic area included the following:

- Taking inspiration from existing related toolkits for processes that require coordination and collaboration, such as the tools from the California Department of Aging (CDA) for communities building master plans for aging (MPAs), which can be customized with local resource lists. (CDA made individual fact sheets for each county to increase partnership and coordination at the local level.)
- Highlighting success stories/care studies from diverse perspectives to draw lessons (e.g., location, type).

Transition Point B: Crisis Hotlines/988 to 911 PSAPS

Suggestions in this topic area included the following:

- Recognition that in reality, these transitions often overlap and are combined with each other—notably Transition Points A and B, especially in county systems. This was highlighted as a reason that connection and collaboration are so important.
- Consideration for differences between rural and urban communities; for instance, in rural communities referrals are very relationship-based, whereas in larger communities, referrals may be more based on what type of insurance a person has and connecting them to a provider that takes their insurance.

Transition Point C: Crisis Hotlines/988 to Mobile Crisis Team Services/Co-Response Models

Suggestions in this topic area included the following:

- Taking inspiration from existing related toolkits, such as CDA's *MPA Local Playbook*, which includes best practices and strategies broken into user-friendly "modules," and local success stories from other counties on specific transition points.

Transition Point E: Mobile Crisis Team Services/Co-Response Models to Crisis Receiving and Stabilization Services

Suggestions in this topic area included the following:

- A pilot process for referring help-seekers to crisis stabilization and getting services reimbursed through insurance (could be pulled in from best practices in physical health emergencies).

Note: Not all transitions were covered in this discussion.

Overall Ideas/Cross-Cutting Themes

- Screening and referral tools to help address coverage so help-seekers don't get stuck.
- Tools and tips for relationship building and collaboration.
- Supports for staffing correctly and appropriately for success.
- Case studies and examples where these transitions have been successful, especially Tribal stories.
- Clarifying reimbursement for services and transitions.
- Sample MOUs with different partners (e.g., Tribes and system partners).
- Educational tools and training.

- Appropriate messaging, use of language; consider a glossary.
- Guidance for trauma-informed care, practices and principles.
- Common triage tool (based on existing resources and best practices).
- Follow-up resources (digital/online); script to offer resources and follow-up.

Population-Specific Considerations

- Intellectual and developmental disabilities (I/DD), including people with autism spectrum disorder: service delivery in a way that individuals understand and don't traumatize/retraumatize. People who provide services to I/DD populations need specific training.
- Individuals actively considering suicide: People who are successfully de-escalated may still need another level of care. Training various systems of care in suicide prevention and creating a pathway from 988 to care.
- Transgender or nonbinary help-seekers: For instance, not unintentionally outing them.
- Older individuals: There is a higher prevalence of suicide in people 85+; how can older adults feel included in the language and messaging?
- People with adverse childhood experiences (ACEs): across the lifespan.

During the discussion, it became apparent that organizing the toolkit around the seven transition points was probably not the best approach. More likely, the toolkit may be organized around type of provider or type of geographic area. Jamie said she would reorganize the outline based on this conversation.

At the conclusion of this activity, participants were invited to add "sticky notes" to the Whiteboard.

MEETING CONCLUSION AND NEXT STEPS

Jamie shared a call to action for the entire group to continue to share their templates, tools, processes, and protocols that have been useful for collaboration. Jamie reviewed the schedule for the upcoming workgroup meetings:

- Sustainable Funding Workgroup Meeting #2: April 7, 2026, from 10:00 a.m. to 12:00 p.m.

- 988-Crisis PAG Meeting: April 29, 2026, from 10:00 a.m. to 3:00 p.m.

ADDITIONAL MATERIALS AND RESOURCES

Meeting materials and the recording will be available on the 988-Crisis Policy Advisory Group web page. 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

- 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
- 988 Rate Calculation Surcharge Methodology (CalOES): 988 Rate Calculation Surcharge Methodology - Calendar Year 2026 (002).pdf
- Older Adult Behavioral Health Resources and Toolkits (CDA): https://aging.ca.gov/Older_Adult_Behavioral_Health_Resources_for_Stakeholders/
- Best Fit Triage Matrix for 911 and 988 Behavioral Health Crisis calls (Dignity Best Practices): https://dignitybestpractices.org/index.php/resources-for-practitioners/
- Master Plan for Aging (CDA): https://mpa.aging.ca.gov/LocalPlaybook/