California Health and Human Services Agency (CalHHS)
988-Crisis Policy Advisory Group (PAG) Meeting 9
Meeting Summary
April 29, 2026 | 10 a.m. to 3 p.m. PT (Hybrid Meeting)

Attendees:

PAG MEETING PARTICIPANTS (In Person):

- **Amanda Levy,** Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)
- **Amber Westphal,** Behavioral Health Program Manager, Lake County Behavioral Health Services (delegate for April Giambra)
- **April Giambra,** Clinical Deputy Director, Lake County Behavioral Health Services
- **Ashley Mills,** Assistant Deputy Director, Community Wellness, California Department of Public Health
- **Austin Trujillo,** Health Policy Specialist, DMHC (delegate for Amanda Levy)
- **Brenda Grealish,** Executive Officer, Commission for Behavioral Health (CBH)
- **Brittney Blake,** Program Manager, Children and Youth Behavioral Health Initiative (CYBHI) (delegate for Sohil Sud)
- **Carmen Katsarov,** Executive Director of Behavioral Health Integration, CalOptima Health
- **Christine Bagley,** Acting Deputy Director, Statewide Clinical Services Division, and Safety Net Branch Chief, California Department of Developmental Services
- **Claudia Chavez,** Social Services Director, Pala Band of Mission Indians (delegate for Robert Smith)

- **Daniel Domaguin,** Program Manager, California Consortium for Urban Indian Health (CCUIH) (delegate for Jackie Pierson)
- **Erika Cristo,** Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Gabrielle Santoro,** Chief Deputy Director, California Emergency Medical Services Authority (EMSA) (delegate for Elizabeth Basnett)
- **Ivan Bhardwaj,** Division Chief, Medi-Cal Behavioral Health Policy Division, DHCS (delegate for Erika Cristo)
- **Jana Lord,** Chief Operating Officer, Sycamores
- **Jared Altenhofel,** Senior Dispatcher, 911 Coordination, Kern County Sheriff's Office (delegate for Lee Ann Magoski)
- **Jay Calcagno,** Policy Advocate, California Council of Community Behavioral Health Agencies (CBHA) (delegate for Le Ondra Clark Harvey)
- **Keris Jän Myrick,** Senior Vice President of Partnerships and Innovation, Inseparable (Mental Health Advocacy and Programs)
- **Lan Nguyen,** Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department
- **Lei Portugal Calloway,** Peer Team Lead, Telecare Corporation
- **Matt Taylor,** Senior Director, Crisis Line Operations, Didi Hirsch Mental Health Services (delegate for Shari Sinwelski)
- **Narges Zohoury Dillon,** Executive Director, Crisis Support Services of Alameda County
- **Saurav Jung Thapa,** Director of Coalitions and Partnership Engagement, The Trevor Project (delegate for Kasey Suffredini)
- **Stephanie Welch,** Deputy Secretary of Behavioral Health, Office of Policy and Strategic Planning (OPSP), CalHHS
- **Steve Yarbrough,** Deputy Director, Public Safety Communications, California Governor's Office of Emergency Services (Cal OES)
- **Tara Gamboa-Eastman,** Director of Government Affairs, Steinberg Institute
- **Tom Renfree,** Policy Consultant, California Association of Alcohol and Drug Program Executive, Inc. (CAADPE) (delegate for Robb Layne)

PAG MEETING PARTICIPANTS (Virtual):

- **Chad Costello,** Executive Director, California Association of Social Rehabilitation Agencies
- **Dan Southard,** Chief Deputy Director, DMHC
- **Doug Subers,** Director of Governmental Affairs, California Professional Firefighters
- **Jessica Wilson (Cruz),** Chief Executive Officer, National Alliance on Mental Illness California
- **Kirsten Barlow,** Vice President, Policy, California Hospital Association
- **Michelle Cabrera,** Executive Director, County Behavioral Health Directors Association of California
- **Phebe Bell,** Senior Director of Housing Solutions, California Mental Health Services Authority
- **Rhyan Miller,** Behavioral Health Deputy Director, Integrated Programs, Riverside University Health System
- **Stephen Sparling,** Program Manager, California Coalition for Youth
- **Taun Hall,** Executive Director, The Miles Hall Foundation

PAG MEETING PARTICIPANTS (Absent):

- **Adrienne Shilton,** Senior VP of Public Policy and Strategy, California Alliance of Child and Family Services (CACFS)
- **Anete Millers,** Vice President of Legal and Regulatory Affairs, California Association of Health Plans
- **Carli Stelzer,** Senior Policy and Legislative Affairs Advisor, CBHA (delegate for Le Ondra Clark Harvey)
- **Elise Gyore,** Chief of Staff, Office of Assemblymember Rebecca Bauer-Kahan (delegate for Rebecca Bauer-Kahan)
- **Elizabeth Basnett,** Director, EMSA
- **Hernando Garzon,** Chief Medical Officer, EMSA
- **Jackie Pierson,** Interim Executive Director, CCUIH
- **Jackie Siukola Tompkins,** Project Director, Master Plan for Aging, California Department of Aging (CDA)
- **Kasey Suffredini,** Chief Office of Prevention, The Trevor Project
- **Lee Ann Magoski,** Director of Emergency Communications, Monterey County

- **Le Ondra Clark Harvey,** Chief Executive Officer, CBHA
- **Pete Weldy**, Chief Executive Officer, CACFS
- **Rayshell Chambers,** Commission Member, Commission for Behavioral Health
- **Rebecca Bauer-Kahan,** Assemblymember/ Author of AB 988, California State Assembly
- **Robb Layne,** Executive Director, CAADPE
- **Robert Smith,** Chairman, Pala Band of Mission Indians
- **Roberto Herrera,** Deputy Secretary Veterans Services Division, California Department of Veterans Affairs (CalVet)
- **Sarah Steenhausen,** Deputy Director of Policy, Research, and Engagement, CDA
- **Sean Johnson,** Assistant Deputy Secretary, CalVet
- **Shari Sinwelski,** Vice President of Crisis Care, Didi Hirsch Mental Health Services
- **Sohil Sud,** Director, CYBHI
- **Susan DeMarois,** Director, CDA

PROJECT TEAM:

- **Alison Garibay,** Policy Analyst, OPSP, CalHHS
- **Amanda Flores,** Senior Program Associate II, Advocates for Human Potential, Inc. (AHP)
- **Andrew Guy**, Senior Program Manager I, AHP
- **Anh Thu Bui**, Project Director, 988-Crisis Care Continuum, OPSP, CalHHS
- **Austin Dickman,** Senior Policy Analyst, OPSP, CalHHS
- **Brett McMillen**, Senior Program Manager I, AHP
- **Jamie Strausz-Clark,** Principal, Hypha Consulting, LLC
- **Shilpa Poudyal,** Analyst, CalHHS
- **Tenly Biggs** (Virtual), Senior Program Manager II, AHP

Meeting Summary

WELCOME

Jamie Strausz-Clark from Hypha Consulting welcomed members and shared the meeting objectives:

1. Build and strengthen trust-based relationships among 988 system partners to advance collaboration and coordination.
2. Align PAG members on recent state-level developments and how they shape current and upcoming work.
3. Reflect on outcomes and lessons from the 988 Integration and Sustainable Funding Workgroups.
4. Review draft examples of progress updates and provide targeted feedback to inform progress report development.
5. Identify ways to improve how the PAG operates and engages members.
6. Clarify action items and next steps.
7. Hear public comments.

Jamie reviewed the PAG Mutual Agreements and reminded the group about the Bagley-Keene Open Meeting Act requirements. Jamie briefly showed the list of the PAG members and invited attendees to share their thoughts on the question: "When you think about your role in the crisis system, what keeps you showing up to this work, even on the days when it's frustrating, exhausting, or slow to change?". PAG members provided thoughtful insight on their commitment to people with behavioral health challenges, either through personal or professional connections, and their belief in providing non-stigmatizing and supportive services to this population.

PRESENTATION: STATE DESIGNATION PROCESS FOR 988 CENTERS

Ivan Bhardwaj, Division Chief of the Medi-Cal Behavioral Health Policy Division, DHCS, led a presentation on DHCS' responsibilities of designating and overseeing 988 Crisis Centers based on what is outlined in the Governor's Budget Fiscal Year 2026-27 Trailer Bill. He provided background on the designation process, which was first publicly outlined in the AB 988 Five-Year Implementation Plan. DHCS' responsibilities according to the trailer bill include:

- Develop a designation framework, including:
    - Eligibility criteria.
    - Approval duration.
    - Application submittal process.

    - Application review process and criteria for approving and denying applications.
- Develop designated 988 center standards, including:
    - Staffing requirements.
    - Training requirements.
    - Clinical and triage protocols.
    - Quality measurements.
    - Performance requirements.
- Develop oversight and monitoring standards of designated 988 centers.
- Publicize information regarding designated Crisis Centers.

Ivan shared that this presentation is the first stakeholder engagement around the designation process. The timeline for implementation is dependent on the feedback that is gathered, but DHCS plans to align with the dates outlined in the trailer bill:

- Develop designation framework no sooner than October 1, 2027.
- Obtain approval as a designated 988 center by December 31, 2029.

Ivan noted that the DHCS proposed budget for State Fiscal Year (SFY) 2026-27 included the following:

- Program Certification Consultant: $2,000,000 annually in SFY 2026–27 through SFY 2029–30.
- 988 Network Administrative Entity: $3,000,000 annually in SFY 2026–27 and ongoing.

A few PAG members shared their initial thoughts that local systems vary widely in resources and needs, making it critical for standards to remain flexible and iterative as conditions evolve. They also reflected on the 988 system's role as an entry point into broader local crisis care services, underscoring the need for strong coordination, communication, and collaboration across state and local entities.

Discussion

The PAG then discussed the establishment of a statewide designation framework for California 988 Crisis Centers. Ivan noted that the goal of this is

to ensure there is redundancy across the network and that people in crisis feel that a 988 Crisis Center is "local" to them. Discussion centered around three key areas, described below.

- ***Funding and cost considerations of adding new designated 988 Crisis Centers.*** The group discussed major cost issues related to designating new Crisis Centers, such as enough expected call volume to make funding the Crisis Center financially viable. There was concern that the existing 11 California 988 Crisis Centers already feel underfunded, and if adding more Crisis Centers would "dilute" the funding even further. The group also discussed the value of efficiencies of scale inherent in the regional model approach.
- ***Criteria for approving, denying, or renewing a designated 988 center.*** The group then discussed criteria they think DHCS should consider in designating a Crisis Center. These included local integration, available resources, and the capacity of the applying organization to meet need. PAG members noted that there should be some adaptability/flexibility in the criteria, and the counties should have a place in the decision making, as local connections are critical to the success of a Crisis Center. They also called out the importance of rural and Tribal integration.
- ***Oversight and monitoring of designated Crisis Centers.*** The group then discussed what expectations or standards DHCS should set for ongoing oversight and monitoring of designated California 988 Crisis Centers. Ideas from the group included reviewing policies and procedures, relevant data, how members receive care (e.g., continuity of care), and connections to the community and overall crisis continuum.

AGENCY UPDATES

Key state agencies provided updates on their activities that affect 988 and the crisis care continuum.

- ***CalHHS:*** Stephanie Welch, CalHHS**,** said that the 988 crisis care continuum buildout is one of the agency's most complex pieces of work

and they remain committed to convening, coordinating, and supporting this system. CalHHS will next be working to draft an update to the AB 988 Five-Year Implementation Plan.

- ***Cal OES:*** Steve Yarbrough, Cal OES, discussed progress with 911 and 988 interoperability, which currently has reached a baseline level where a call can be transferred out of 911 and into 988. The NextGen 911 system will roll out statewide by 2030, at which point there will be full interoperability between the two systems. The Technical Advisory Board (TAB) is working on standardizing the process for 911 and 988 transfers.
- ***EMSA:*** Gabrielle (Gabi) Santoro, EMSA, noted that her department operates at the junction of 911, the hospital system, and emergency medical services (EMS) and participates in Cal OES' TAB with a focus on establishing transfer guidelines between 988 and 911.
- ***DMHC:*** Austin Trujillo, DMHC, explained that his department is looking at mobile crisis and mobile crisis claims data from the commercial health plans to determine how and why they might be denying claims, which includes lack of prior authorization and that the claims exceed the maximum allowed service. DMHC plans to increase their technical assistance around commercial claims.

During a short Q&A session, PAG members noted that the interface between 911 and 988 continues to be a work in progress and that it is important to note that for many help seekers, 988 provides the intervention and no additional services or interventions are required.

PRESENTATION: 988 INTEGRATION WORKGROUP OUTCOMES AND DRAFT PROGRESS UPDATE

April Gambria (988 Integration Workgroup Member) from Lake County Behavioral Health Services, provided an update on behalf of the 988 Integration Workgroup, reporting that many help-seekers don't experience the crisis system as a neat, linear process. When integration is lacking, people experience delays, confusion, and broken connections. On the other hand, when there is a strong integration, help-seekers can get the support they need, regardless of how they enter the system.

The key findings of the workgroup include:

- Relationships are the foundation of integration. Trust and ongoing communication are what makes systems work, especially in rural and Tribal communities.
- Integration is about making transitions work better for help-seekers, including those between 988, 911, mobile crisis, counties, Tribal services, hospitals, and follow-up care. These may be helped by shared tools like common triage criteria tools for clarifying roles and responsibilities across collaboration or a local resource directory.
- Local conditions shape what integration looks like, with vast differences between urban, rural, and Tribal systems.
- Some populations need special consideration, such as people with intellectual and developmental disabilities, people actively considering suicide, older adult populations, caregivers, trans and nonbinary individuals, and Tribal communities.
- People still lack clarity about what 988 is and need clear, simple information to understand the system.

Jamie reoriented the PAG to the specific recommendations from the AB 988 Five-Year Implementation Plan that align with the work of the 988 Integration Workgroup (D.1, D.2, D.3, and C.2) and reviewed relevant progress updates correspondent to the recommendations.

Discussion

The PAG discussed the recommendations and progress updates related to the 988 Integration Workgroup. Several PAG members expressed interest in the new statewide resource directory for 988 Crisis Centers and asked for more information about its maintenance and functionality. A need for more connection within the crisis system was also mentioned, specifically between 988 Crisis Centers, mobile crisis teams, counties, Tribes, and other community-based response partners.

PRESENTATION: PROPOSITION 1 STATEWIDE PREVENTION COMMUNICATIONS PLAN

Trudy Raymundo from the California Department of Public Health (CDPH) provided a brief presentation on CDPH's statewide prevention communications strategy and how it complements crisis system goals. Trudy shared the CDPH Behavioral Health Services Act Population-Based Prevention Program Final Plan with the group. This population-based prevention program is focused on six components:

1. Statewide policy initiatives that identify, prioritize, research, and address emerging behavioral health issues and respond to novel and emerging substance use or behavioral health threats.
2. Focused statewide behavioral health prevention strategies that advance statewide goals.
3. Statewide awareness campaigns to increase public understanding about mental health and substance use disorders and address stigma reduction.
4. Prevention training and technical assistance to equip stakeholders, educators, and community leaders with the tools to promote behavioral health awareness, reduce stigma, and prevent suicide, self-harm, and overdose, especially among priority populations.
5. Community engagement and coalition building that supports population-based prevention programming development through relationships with and among communities.
6. Data and evaluation that provides robust monitoring and evaluation of population-based prevention activities.

She encouraged PAG members to participate in the implementation workgroup once it is organized. CDPH wants this implementation workgroup to be solution-oriented and provide feedback on how to ensure they are creating something accessible. Over the course of this first funding cycle, CDPH will be hosting a myriad of listening sessions, community visits, and continuing partnerships with community-based organizations and Tribes.

During a short Q&A session, PAG members asked how CDPH intended to evaluate the effectiveness of its Prop 1 investments, particularly during the first three years. CDPH said it is developing an evaluation framework that will use a

two-tiered approach to assess both individual initiatives and broader department-level impact. Participants emphasized the need to include people with serious mental illness, coordinate closely with 988 Crisis Centers and counties, and plan for increased call volume and funding needs that may result from these efforts.

MISSION MOMENT

Les Rollakanti, Riverside-San Bernardino Indian Health, presented a video that was created at the Barona Reservation with input from various members of their Tribal task force, community partners, and 988 Crisis Centers. The goal of the video is for Tribal community members to connect to the messaging. Rhyan Miller, Deputy Director of Integrated Programs at Riverside University Health Systems, showed a video that highlighted a community member positively impacted by their services.

PRESENTATION: SUSTAINABLE FUNDING WORKGROUP OUTCOMES AND DRAFT PROGRESS UPDATE

Narges Dillon (Sustainable Funding Workgroup Member) from Crisis Support Services of Alameda County provided an update on behalf of the Sustainable Funding Workgroup. She shared that the goal of the workgroup was not about proving that 988 is valuable but rather highlighting the invisible costs, so payment can align with how crisis care actually works.

The key findings of the workgroup include:

- Decision makers believe in 988—but may not understand what it truly costs and the importance of using clear data, forecasting, and stories.
- Demand is growing—and it is not just about volume but also complexity.
- The way crisis services are paid for need to account for acuity, modality, and 24/7 services.
- Reimbursement barriers are real, and the hope of the workgroup is for payers, counties, and providers to work together to inform standardization of billing pathways and share data on denials.
- There is an opportunity to demonstrate downstream cost savings through preventing emergency room visits, police responses,

hospitalization, and jail involvement, all of which can be traumatizing and significantly higher-cost care pathways.
- Funding decisions feel opaque to those doing the work. Crisis Centers and other providers would like more input in funding and surcharge decisions, and workgroup members asked for more transparent, clear inputs, assumptions, and communications regarding how the system is funded.

Jamie reoriented the PAG to the specific recommendations from the AB 988 Five-Year Implementation Plan that align with the work of the Sustainable Funding Workgroup (E.2 and E.3) and reviewed relevant progress updates correspondent to the recommendations.

Discussion

The PAG discussed the recommendations and progress updates related to the Sustainable Funding Workgroup. Several members emphasized that funding should reflect full operational needs and true system costs. It was also noted that funding methodologies should be transparent and robust with broad stakeholder engagement. Next steps should include clarifying what 988 is and what it is not, as well as identifying potential data sources that could inform future funding.

DISCUSSION: FEEDBACK ON THE PAG PROCESS

Jamie gave participants the opportunity to reflect on the PAG process, in terms of what the PAG does well, what it could do better, and how valuable it has been. PAG members expressed gratitude for their involvement, and most feedback centered around two main points:

- The PAG brings together a lot of different voices and expertise, but some individuals were more comfortable sharing than others, so in the future it might be helpful to have a mechanism to ensure feedback from all participants, especially those who may not see themselves as "experts."
- One of the challenges this group faced was getting stuck on the big ideas without talking about specific action items and having focused discussions to work toward solutions.

MEETING CONCLUSION AND NEXT STEPS

Anh Thu Bui, CalHHS, reviewed the draft 988 Integration Toolkit and gave a call to action for PAG members to provide feedback and additional resources that should be included. Jamie asked PAG members to send any written feedback and any examples, models, or case studies that come to mind when looking through the toolkit to AB988Info@chhs.ca.gov.

Jamie Strausz-Clark shared information about upcoming events:

- Cal OES 988 TAB (open to the public):
  - Next meeting is June 10, 2026.
- CalHHS Behavioral Health Task Force:
  - Next meetings are July 15 and October 14, 2026.
- CalHHS CARE Act Working Group:
  - Next meetings are May 13, August 12, and November 18, 2026.

Finally, Jamie noted that the first annual progress report to the AB 988 Implementation Plan will be published by December 2026, and there will be opportunity for feedback in the Fall of 2026.

ADDITIONAL MATERIALS AND RESOURCES

- Meeting materials will be available on the 988-Crisis PAG website.
- Resources from the meeting are included as an appendix to this file.

PUBLIC COMMENT

Public comments were open for this meeting. Comments can be submitted at any time via email at AB988Info@chhs.ca.gov. No public comments were submitted for this meeting.

Appendix

RESOURCES

- Bagley-Keene Open Meeting Act Guide 2026 (California Department of Justice): https://oag.ca.gov/system/files/media/bk-open-meeting-act-guide-2026.pdf

- Assembly Bill 988 (AB 988) Miles Hall Lifeline and Suicide Prevention Act: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=2.&title=5.&part=1.&chapter=1.&article=6.3.
- 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 Trailer Bill Language SFY 2026-27 Governor's Budget (California Department of Finance): https://trailerbill.dof.ca.gov/public/trailerBill/pdf/1396
- 988 Budget Change Proposal SFY 2026-27 Governor's Budget (California Department of Finance): https://bcp.dof.ca.gov/2627/FY2627_ORG4260_BCP8513.pdf
- Next Gen 9-1-1 Transition Plan (Cal OES): https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/Cal-OES-NG-911-Transition-Implementation-Plan.pdf
- CA 988 Technical Advisory Board Website (Cal OES): https://www.caloes.ca.gov/office-of-the-director/operations/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-9-8-8-information/
- 9-1-1/9-8-8 Transfer Recommendations (Cal OES): https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/DRAFT_TRANSFER-DOCUMENT_111825.pdf
- Behavioral Health Services Act Population-Based Prevention Program Final Plan (CDPH): https://www.cdph.ca.gov/Programs/OPP/Pages/BHSA-Population-Based-Prevention-Program-Guide.aspx
- 988-Crisis Policy Advisory Group Website: https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/
- Transforming Behavioral Health Website (CDPH): https://www.cdph.ca.gov/Programs/OPP/Pages/behavioral-health.aspx

- Behavioral Health Services Act Email Distribution List (CDPH): https://assets-usa.mkt.dynamics.com/24ac4e14-c54e-4da4-af0e-09805e16f9b9/digitalassets/standaloneforms/9d8be259-d505-f011-bae2-0022482b46b6
- Behavioral Health Task Force Website (CalHHS): https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/
- CARE Act Working Group Website (CalHHS): https://www.chhs.ca.gov/home/committees/care-act-working-group/
- CalHHS 988 Suicide & Crisis Lifeline Website: https://www.chhs.ca.gov/988california/