



988-Crisis Policy Advisory Group (PAG) Meeting #10

September 9, 2026

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.

■ Hybrid Meeting Guidelines

Housekeeping

- Meeting is being recorded.
- American Sign Language interpretation is available in the pinned video.
- Live captioning link will be provided in chat.

Virtual PAG Member and Delegate Attendees

- Turn camera on and mute mic when not speaking.
- Use the “raise hand feature” if you have a question or comment.
- Please make sure your display name is your full name.

Virtual General Public Attendees

- Turn camera off and mute mic for the duration of the meeting.
- Those who sign up for public comment will be invited to turn their camera on and unmute their mic at 2:48 pm.



Welcome

- ✓ Meeting objectives and agenda
- ✓ PAG members
- ✓ Virtual attendees

■ September 9th 988-Crisis PAG Meeting Objectives

Meeting Objectives

- Build and strengthen trust-based relationships among 988 system partners to advance collaboration and coordination.
- Provide feedback on draft CalHHS 988 Five-Year Implementation Plan Progress Update.
- Understand key state developments affecting 988 implementation and the crisis continuum.
- Learn about progress on implementation.
- Reflect on the first two years of implementation.
- Clarify action items and next steps.
- Hear public comments.

■ Agenda

10:00 am - Welcome

10:25 am - Presentation and Discussion: Progress Update

12:00 pm - Lunch and Public Comment Sign Up

12:45 pm - Presentation and Q&A: Key State Updates

1:30 pm - Presentation and Q&A: Progress on Implementation

2:30 pm - Group Discussion: Reflections on Implementation

2:45 pm - Action Items and Next Steps

2:48 pm - Public Comment

3:00 pm - Adjourn

■ PAG Mutual Agreement

- Be present and curious.
- Respect each other's expertise and time and participate fully.
- Encourage different opinions and be respectful of disagreements.
- Be accountable to your fellow group members and practice patience and persistence – we can't solve everything in a single conversation or meeting, but we need to remain solution focused.
- Assume positive intent: Trust that people are doing the best they can.

■ Bagley-Keene Open Meeting Act Requirements

- Meetings of the Workgroup shall be open to the public and are subject to Bagley-Keene Open Meeting Act requirements.
- Key Points:
 - The Bagley-Keene Act bans “serial meetings,” which could happen if a majority of members ends up discussing Policy Advisory Group business through a chain of separate conversations.
 - Even if members share information with each other one-on-one, it’s not allowed if those conversations add up to a group discussion outside a public meeting.

For more information about Bagley-Keene requirements, visit: [2026 Bagley-Keene Open Meeting Act Guide](#).

988-Crisis Policy Advisory Group Members 2026

Amanda Levy, Deputy Director, Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)

- **Delegates:** **Dan Southard**, Chief Deputy Director, DMHC and **Austin Trujillo**, Health Policy Specialist, DMHC

Anete Millers, Vice President of Legal and Regulatory Affairs, California Association of Health Plans (CAHP)

April Giambra, Clinical Deputy Director, Lake County Behavioral Health Services

- **Delegate:** **Amber Westphal**, Behavioral Health Program Manager, Lake County Behavioral Health Services

Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)

Brenda Grealish, Executive Officer, Commission for Behavioral Health (CBH)

Carmen Katsarov, Executive Director Behavioral Health Integration, CalOptima

Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)

Christine Bagley, Acting Deputy Director, Statewide Clinical Services, Division and Safety Net Branch Chief, California Department of Developmental Services (DDS)

Doug Subers, Director of Governmental Affairs, California Professional Firefighters

Elizabeth Basnett, Director, California Emergency Medical Services Authority (EMSA)

- **Delegates:** **Dr. Hernando Garzon**, Chief Medical Officer, EMSA, **Gabrielle Santoro**, Chief Deputy Director, EMSA

Erika Cristo, Assistant Deputy Director, California Department of Health Care Services (DHCS)

- **Delegate:** **Ivan Bhardwaj**, Division Chief, Medi-Cal Behavioral Health Policy Division, DHCS

Jackie Pierson, Interim Executive Director, California Consortium for Urban Indian Health (CCUIH)

- **Delegate:** **Daniel Domaguin**, Interim Director of Wellness and Healing Programs, CCUIH

Jana Lord, Chief Operating Officer, Sycamores

Jessica Wilson (Cruz), Chief Executive Officer, NAMI – California

- **Delegate:** **Nancy Eldred**, Vice President of Public Affairs and Advocacy

988-Crisis Policy Advisory Group Members 2026

Kasey Suffredini, Chief Officer of Prevention, The Trevor Project

- **Delegate: Saurav Jung Thapa**, Director of Coalitions and Partnership Engagement, The Trevor Project

Keris Jän Myrick, Senior Vice President of Partnerships and Innovation, Inseparable (Mental Health Advocacy and Programs)

Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)

Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Department

Le Ondra Clark Harvey, Chief Executive Officer, California Council of Community Behavioral Health Agencies (CBHA)

- **Delegates: Carli Stelzer**, Senior Policy and Legislative Affairs Advisor, CBHA, **Jay Calcagno**, Policy Advocate, CBHA and **Jorge Cruz**, Policy and Legislative Affairs Manager, CBHA

Lee Ann Magoski, Director of Emergency Communications, Monterey County; President, National Emergency Number Association (NENA)

- **Delegate: Jared Altenhofel**, Senior Dispatcher, 911 Coordination, Kern County Sheriff's Office

Lei Portugal Calloway, Certified Medi-Cal Peer Support Specialist; Peer Team Lead, Telecare Corporation

Michelle Cabrera, Executive Director, County Behavioral Health Directors Association of California (CBHDA)

Narges Zohoury Dillon, Executive Director, Crisis Support Services of Alameda County

Pete Weldy, Chief Executive Officer, California Alliance of Child and Family Services (CACFS)

- **Delegate: Adrienne Shilton**, Senior VP of Public Policy and Strategy, CACFS

Phebe Bell, Senior Director of Housing Solutions, California Mental Health Services Authority (CalMHSA)

Rayshell Chambers, Commission Member, Commission for Behavioral Health (CBH)

Rebecca Bauer-Kahan, Assemblymember/Author of AB 988, California State Assembly

- **Delegate: Elise Gyore**, Chief of Staff, Office of Assemblymember Rebecca Bauer-Kahan

Rhyan Miller, Deputy Director Integrated Programs, Riverside University Health System

Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc. (CAADPE)

- **Delegate: Tom Renfree**, Policy Consultant, CAADPE

988-Crisis Policy Advisory Group Members 2026

Robert Smith, Chairman, Pala Band of Mission Indians

- **Delegate: Claudia Chavez**, Social Services Director, Pala Band of Mission Indians

Roberto Herrera, Deputy Secretary Veterans Services Division, California Department of Veterans Affairs (CalVet)

- **Delegate: Sean Johnson**, Assistant Deputy Secretary, CalVet

Shari Sinwelski, Vice President of Crisis Care, Didi Hersch Mental Health Services

- **Delegate: Matt Taylor**, Senior Director, Crisis Line Operations, Didi Hersch Mental Health Services

Stephen Sparling, Program Manager, California Coalition for Youth

Susan DeMarois, Director, California Department of Aging (CDA)

- **Delegates: Sarah Steenhausen**, Deputy Director of Policy, Research and Equity, CDA, **Jackie Siukola Tompkins**, Project Director, Master Plan for Aging, CDA

Stephanie Welch, Deputy Secretary of Behavioral Health, Office of Policy and Strategic Planning, California Health and Human Services Agency (CalHHS)

Steve Yarbrough, 9-1-1 Branch Manager, California Governor's Office of Emergency Services (Cal OES), CA 9-1-1 Emergency Communications Branch

Tara Garboa-Eastman, Director of Government Affairs, Steinberg Institute

Taun Hall, Executive Director, The Miles Hall Foundation

■ Virtual PAG Member and Delegate Attendees

- **Amanda Levy**, Department of Managed Health Care (DMHC)
- **Carmen Katsarov**, CalOptima
- **Daniel Domaguin**, California Consortium for Urban Indian Health (CCUIH) - ***Delegate to Jackie Pierson***
- **Jana Lord**, Sycamores
- **Lee Ann Magoski**, County of Monterey Emergency Communications Dept (9-1-1)
- **Phebe Bell**, California Mental Health Services Authority (CalMHSA)
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Robert Smith**, Pala Band of Mission Indians
- **Stephen Sparling**, California Coalition for Youth



DRAFT Progress Update

https://www.chhs.ca.gov/wp-content/uploads/2026/09/CalHHS-988_Progress-Update_DRAFT_090126.pdf



Discussion

- ✓ *Where have we made the most progress?*
- ✓ *What is missing from the progress update?*
- ✓ *What questions would you still have after reading this progress update?*



Lunch and Public Comment Sign Up

■ Public Comment Sign Up

- Members of the public who would like to make a public comment at the end of the meeting may sign up at this time.
- Visit the welcome desk where you can sign up with **Brittney Blake**. If you are participating remotely, you may send your request via Zoom chat to **Alison Garibay**.
- We will note the time you signed up and call names in the order in which we received the sign-ups.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, there are two other ways to have your voice heard
 - You may email your written comment to the project email address:
AB988Info@chhs.ca.gov
 - If you are on Zoom today, you may put your comment in a chat for **Alison Garibay** during the public comment period. We will save the chat and add your comment to the meeting minutes.

Panel: New Roles for 988



- ✓ **Stephanie Welch, California Health & Human Services Agency (CalHHS)**
- ✓ **Gabi Santoro, California Emergency Medical Services Authority (EMSA)**
- ✓ **Ashley Mills, California Department of Public Health (CDPH)**
- ✓ **Ivan Bhardwaj, California Department of Health Care Services (DHCS)**

Omnibus Bill

Assembly Bill 173.

This bill seeks to add and amend multiple sections of California law, including but not limited to those related to 988.

Omnibus Bill DHCS' Role

- » **Designation Process:** Establishes a new, statewide designation process for 988 centers and designated 988 centers. The 988 center designation process must be established no sooner than October 1, 2027. The framework outlines eligibility criteria, application and review procedures, and the duration of the approval process.
 - The key goal of the designation process is to create a pathway to add new 988 centers, while specifying standards that all existing centers must meet to receive 988 funding. All existing 988 centers must obtain DHCS designation approval by December 31, 2029.
 - The statewide standards will address staffing requirements, training, clinical and triage protocols, performance measures, counselor service expectations, and processes for oversight and monitoring of designated 988 centers.
 - Critically, current 988 centers will continue receiving funds from the 988 Fund until December 31, 2029; after that date, only centers that have obtained DHCS designation approval will receive funding from the 988 Fund.
 - Beginning January 1, 2028, DHCS will be required to publish on its website a list of all 988 centers, a list of all 988 centers that have obtained designation, and any corrective action plans, suspensions, or revocations issued.

Omnibus Bill DHCS' Role

- » **Two-Year Statewide Funding Estimate:** Develop and update, as necessary, a two-year statewide funding estimate for 988 operations and state administrative costs. The annual statewide funding estimate must commence in FY 2027-28 for the subsequent FY and consider specified criteria.
- » **Administration of AB 988 Fund:** Beginning, July 1, 2027, administer the 988 Fund, except for technical interoperability functions retained by CalOES.
- » **Oversight and Monitoring:** Retain the role of oversight of 988 center and designated 988 center operations.
- » **Statewide Standards and Protocols for BH Crisis:** Establish statewide standards and protocols to support least restrictive responses to behavioral health crises.
- » **Interoperable Solution Consultation:** Participate in a consultative role to CalOES in their role to procure and implement an interoperable solution.
- » **911 and 988 Transfer Protocol Consultation:** Participate in a consultative role to the Emergency Medical Services Authority in their role to develop and adopt voluntary statewide protocols governing the transfer of calls and communications between 911 and 988. The legislation lists specific criteria that must be part of the voluntary protocols.
- » **Expenditure, Revenues, and Outcomes Reporting:** Oversee the expenditure, revenues, and outcomes reporting process, including the review and approval process.

Progress on Implementation



- ✓ Dr. Leah Pope, Columbia University and Matei Vohr, New York State Psychiatric Institute
- ✓ Saurav Thapa, The Trevor Project
- ✓ Tara Querin, California Governor's Office of Emergency Services (CalOES)
- ✓ Ivan Bhardwaj, Department of Health Care Services (DHCS)

California Mobile Crisis Programs: Findings from a National Survey

Leah G. Pope, PhD

Matei Vohr, MPH

Amy C. Watson, PhD

Michael T. Compton, MD, MPH

Columbia University/New York State Psychiatric
Institute/Wayne State University

Acknowledgements

- We are grateful for the support and contributions of our entire study team, including Co-Investigators Michael Compton, MD, MPH and Amy Watson, PhD, Kellan McNally, MSW, and consultants Matthew Goldman, MD, MS, and Preston Looper, MS, LPC-S.
- We thank CalHHS and DHCS for their partnership in this project.
- Support for this project was provided by the The Pew Charitable Trusts to Leah G. Pope, PhD. The views expressed herein are those of the authors and do not necessarily reflect the view of The Pew Charitable Trusts.

National Survey

Methods: Our Survey

- Cross-sectional national survey of mobile crisis programs in the United States between December 1, 2025 and February 28, 2026
- Designed to characterize the broad range of mobile crisis programs
- Survey was developed through a multistep process
- Final instrument included 87 items addressing Service Type & Coverage, Partnerships, Program Structure, Team Structure, Training, Technology, Financing, and Metrics
- Recruited participants through two primary avenues: (1) partnership with mental health leadership in 5 states (California, Illinois, Michigan, New York, and Ohio) and (2) convenience sampling of a national audience through outreach via multiple avenues
- Administered electronically using REDCap

Definitions: Four Program Types

- **Behavioral Health Provider Mobile Crisis Program:** This program type has teams (generally 2-person) that include at least one behavioral health clinician. Law enforcement is not considered part of the response team. Teams may self-dispatch or be dispatched through crisis lines (e.g., 911/988/other crisis lines). These programs are referred to throughout this report as BHP-MC programs.
- **Mobile Response and Stabilization Service (MRSS)/Intensive Community Stabilization Service (ICSS):** This program type is an intensive, community-based response designed to support children and young people with high acuity needs and prevent unnecessary out-of-home placements. MRSS/ICSS teams provide mobile response and time-limited community stabilization services. They typically also include at least one behavioral health clinician with expertise in serving children and adolescents, as well as parent/family advocates. These programs are referred to throughout this report as MRSS/ICSS programs.
- **Law Enforcement-Based Co-Responder Program:** This program type pairs a law enforcement officer with a behavioral health practitioner. Some teams also include a paramedic or EMT. The teams are typically dispatched by 911. These programs are referred to throughout this report as co-responder programs. Note, we classify teams of paramedics/EMTs who respond with clinicians but without a LE officer as Alternative/Community Response (see below).
- **Alternative or Community Responder Program:** This program type has non-law enforcement teams (generally 2-person) staffed by professionals such as Fire/EMS personnel, peers, nurses, clinicians, and non-clinician community responders. The teams are typically dispatched by 911, although they could be dispatched by other crisis and non-crisis lines (e.g., 988, 211). The teams may respond to a broader set of calls than just behavioral health crises (e.g., overdose, social distress, homelessness). These programs are referred to throughout this report as alternative response programs.

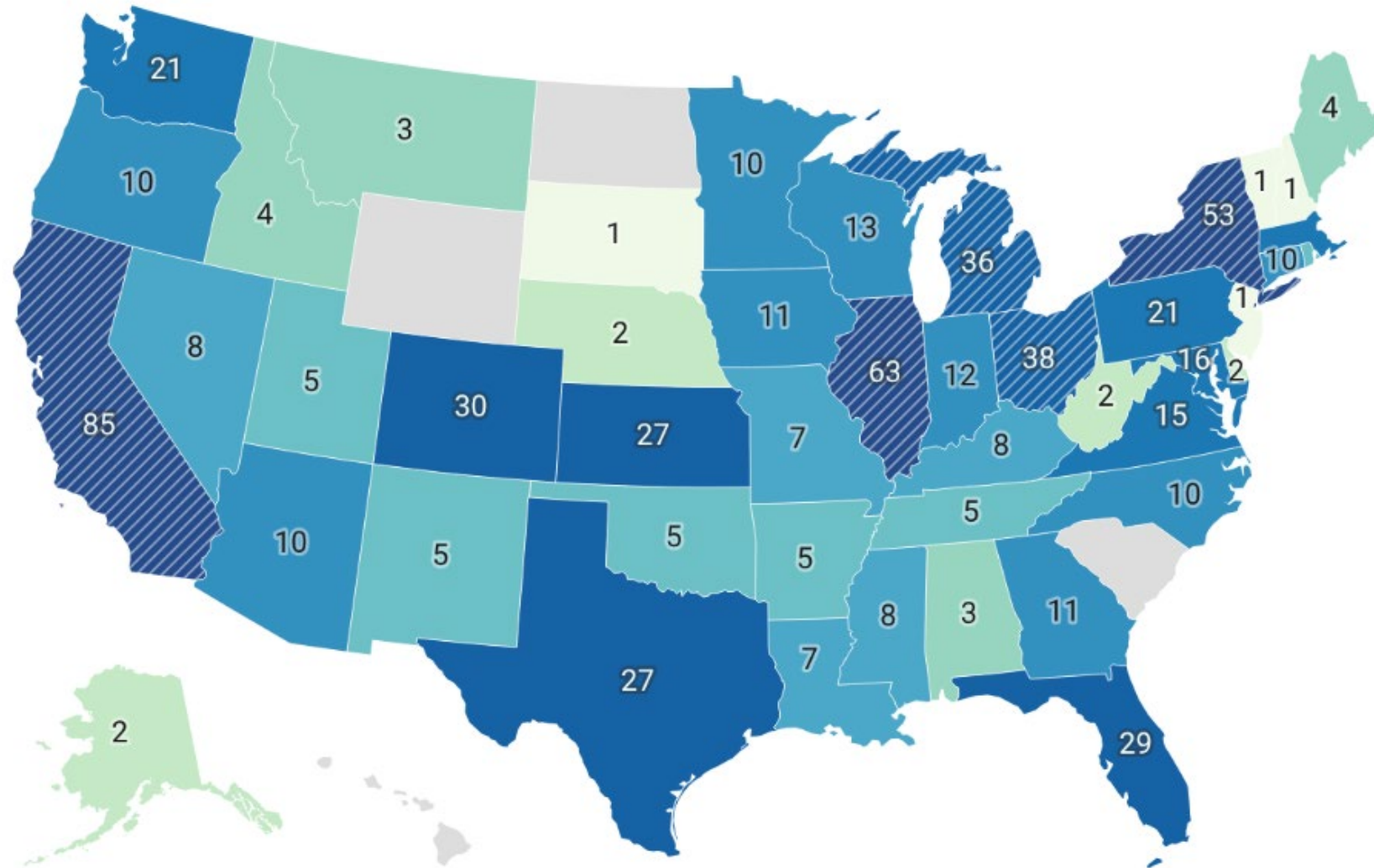
Respondents: Four Program Types

Behavioral Health Mobile Crisis Programs*	Law Enforcement-Based Co-Responder	Alternative or Community Responder	Total
418	162	91	671
62.3%	24.1%	13.6%	100%

* Includes Behavioral Health Provider Mobile Crisis programs and MRSS programs

Survey Count

Total: 671



California Results

California Respondents

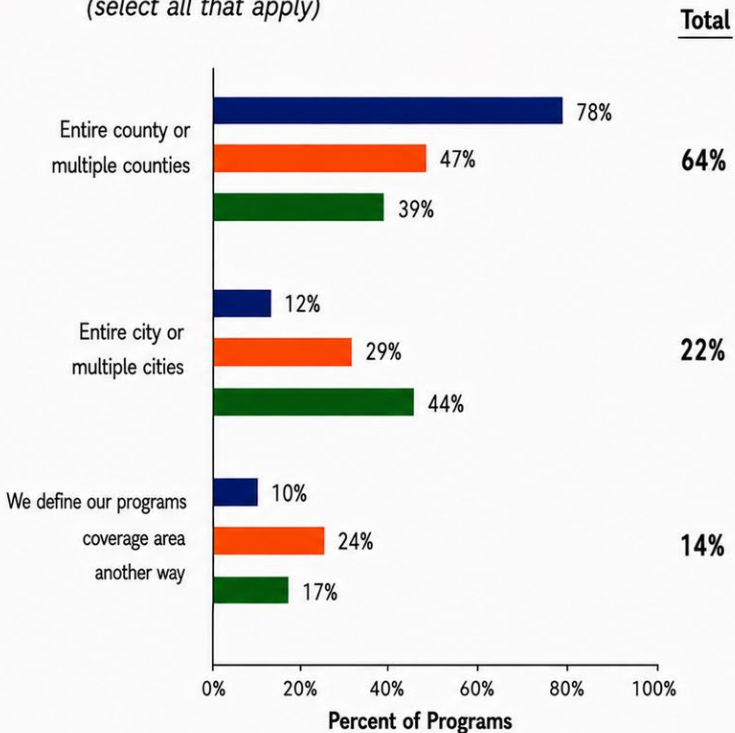
- Partnered with CalHHS and DHCS.
- Conducted outreach to all County Behavioral Health Directors, asking them to identify programs in their counties.
- Representatives from 53 counties provided contact information for 70 programs.
- Additional programs recruited through broader national survey effort.

BH Mobile Crisis Programs	Co- Responder Programs	Alternative Responder Programs	Total
50	17	18	85
59%	20%	21%	100%

Program Coverage and Oversight

A Program Coverage Area

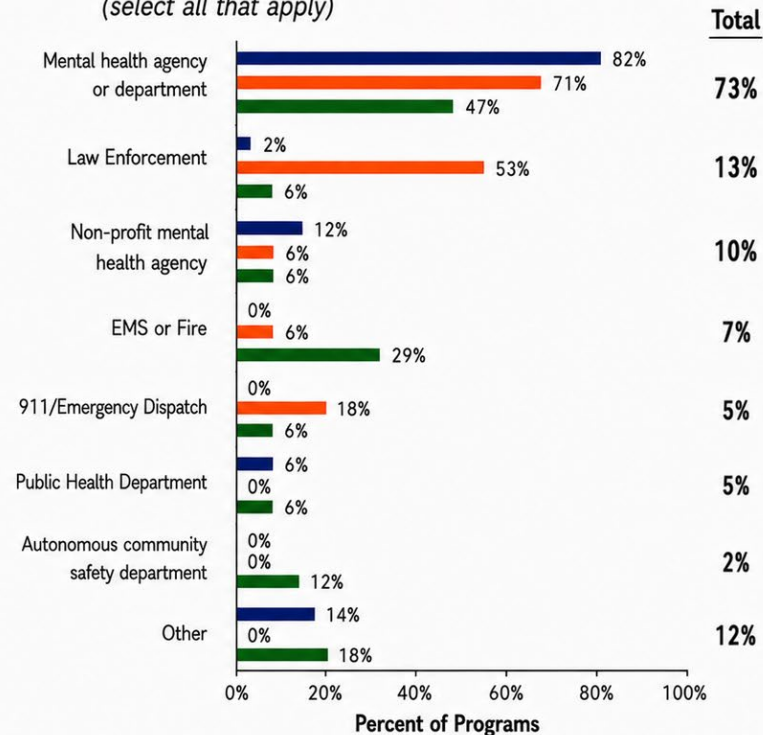
(select all that apply)



■ BHP-MC (n=50) ■ Co-Responder (n=17) ■ Alternative Responder (n=18)

B Administrative Oversight

(select all that apply)



■ BHP-MC (n=50) ■ Co-Responder (n=17) ■ Alternative Responder (n=17)

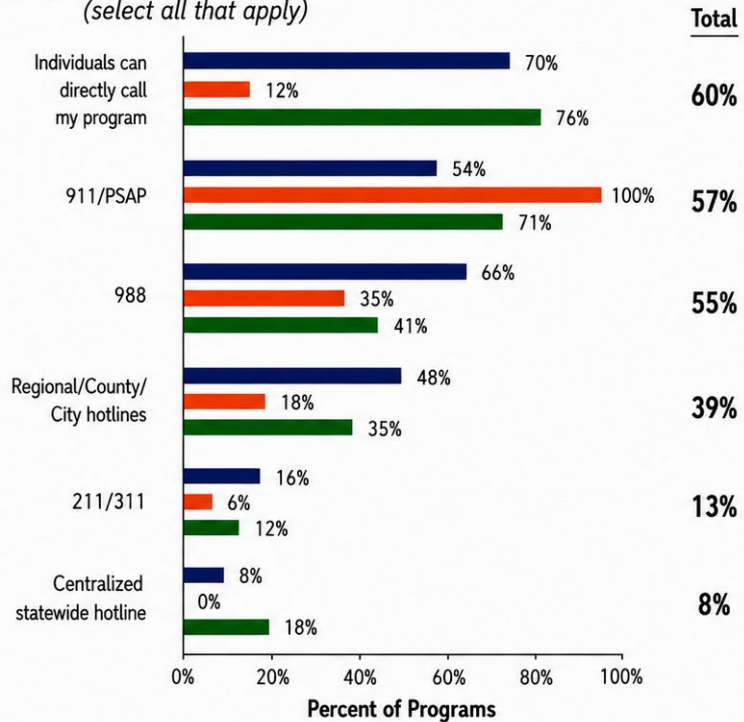
Key Takeaways:

- County-based coverage predominates among BHP-MC and Co-Responder; Alt. Responder more often city-based.
- Most programs have oversight from a mental health agency but oversight also reflects program model.

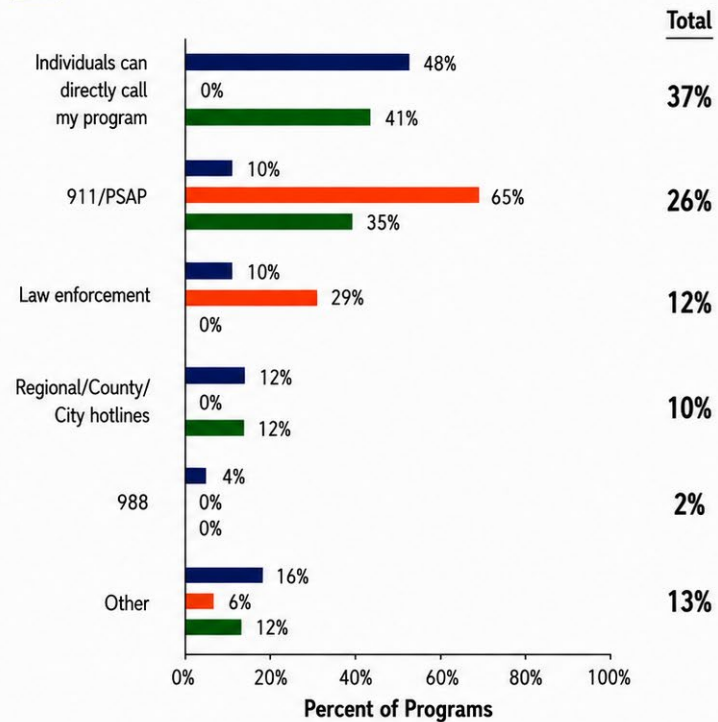
Access and Referral Sources

A Public Access Pathways

(select all that apply)



B Primary Referral Source



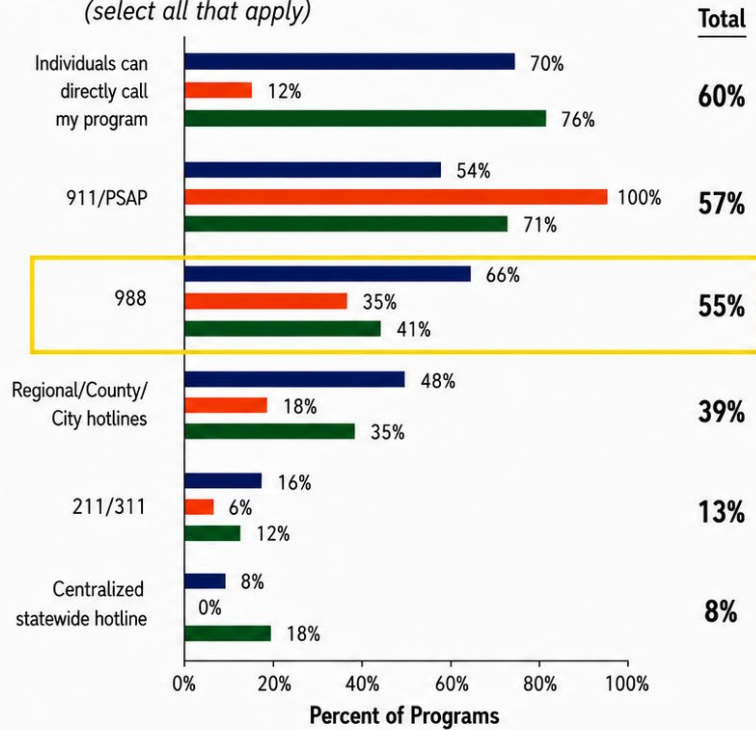
Key Takeaways:

- Multiple access pathways to reach mobile crisis programs.
- Direct calls are the most common primary referral source for BHP-MC and Alt. Responder programs; 911 predominates for Co-Responders.

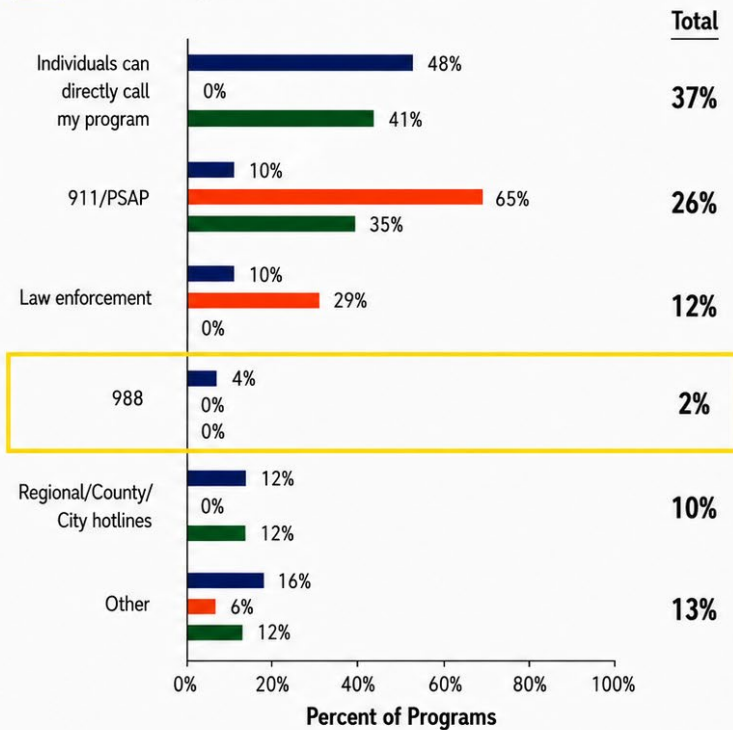
Access and Referral Sources

A Public Access Pathways

(select all that apply)



B Primary Referral Source

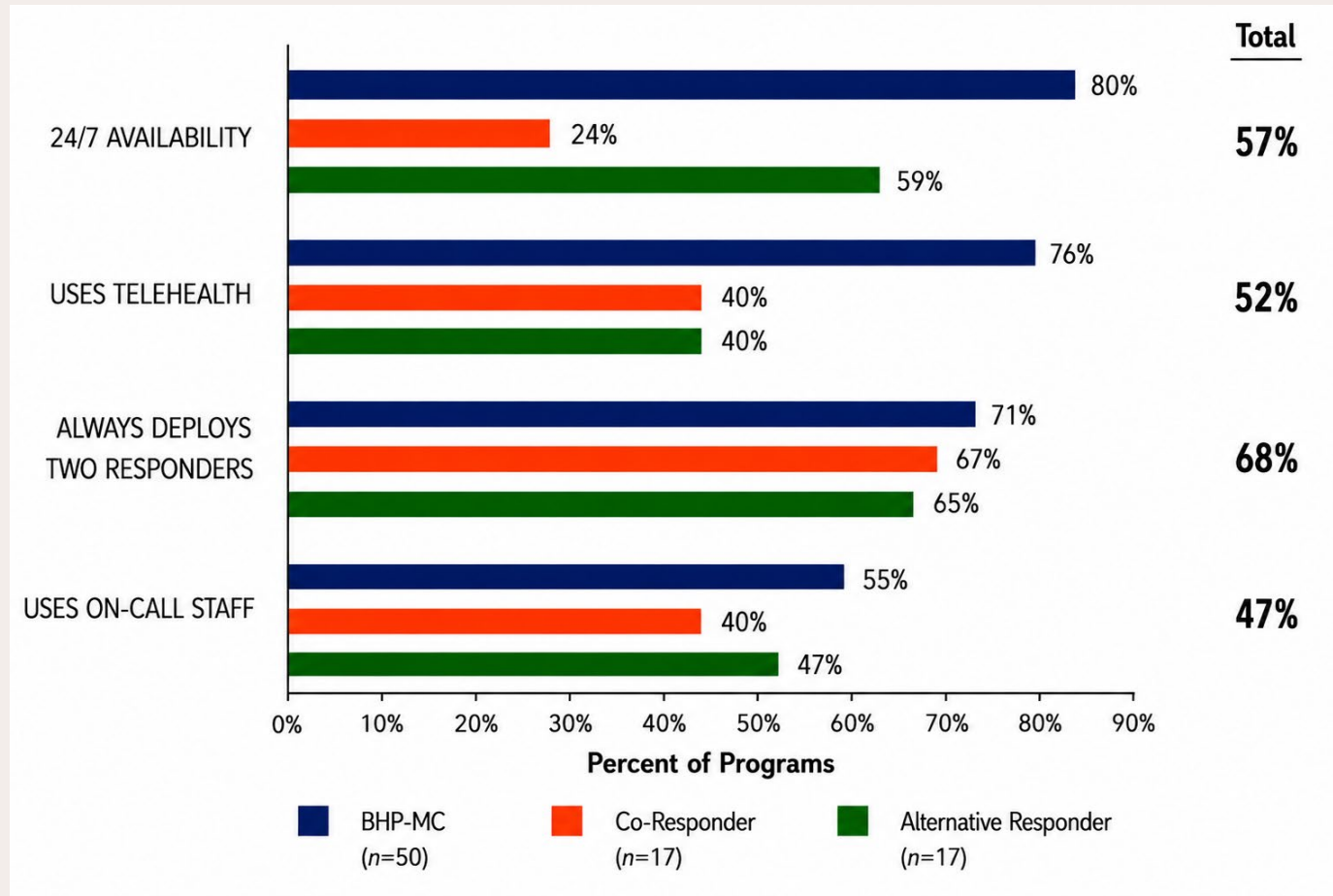


■ BHP-MC (n=50) ■ Co-Responder (n=17) ■ Alternative Responder (n=17)

Key Takeaways:

- 988 is an access pathway for 55% of California programs, including 66% of BHP-MC programs.
- Only 2% of California programs identify 988 as their primary referral source.

Operational Characteristics

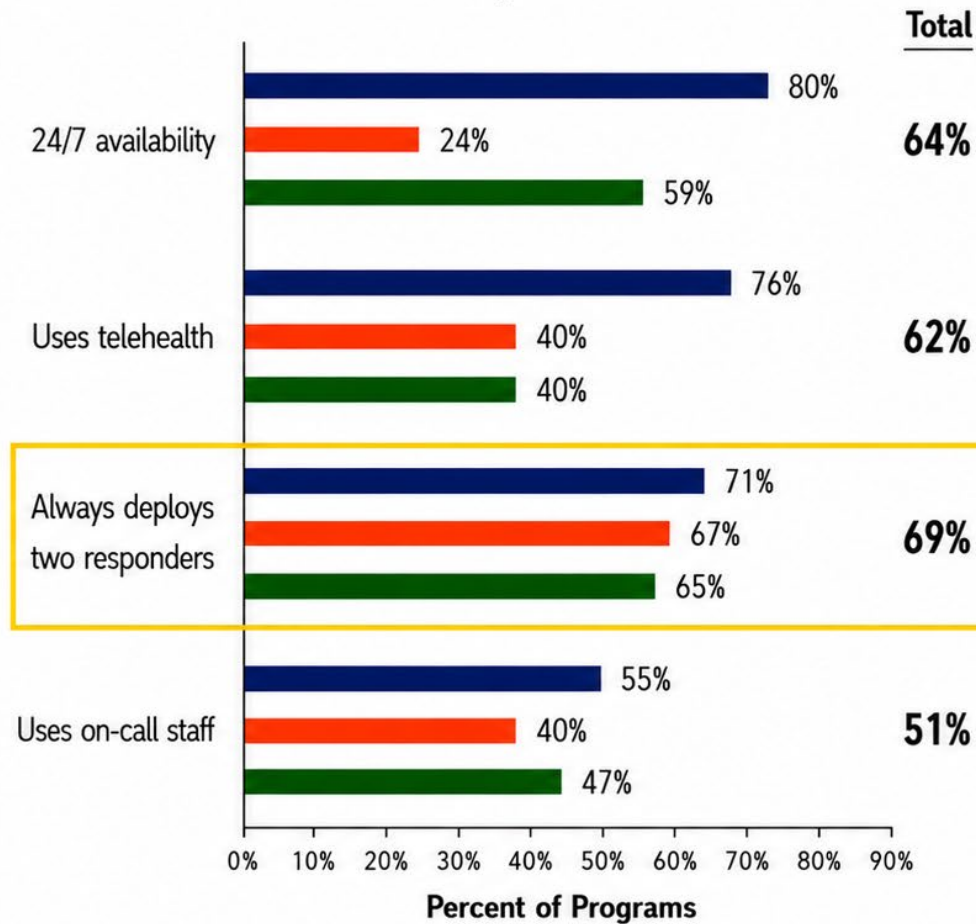


Key Takeaways

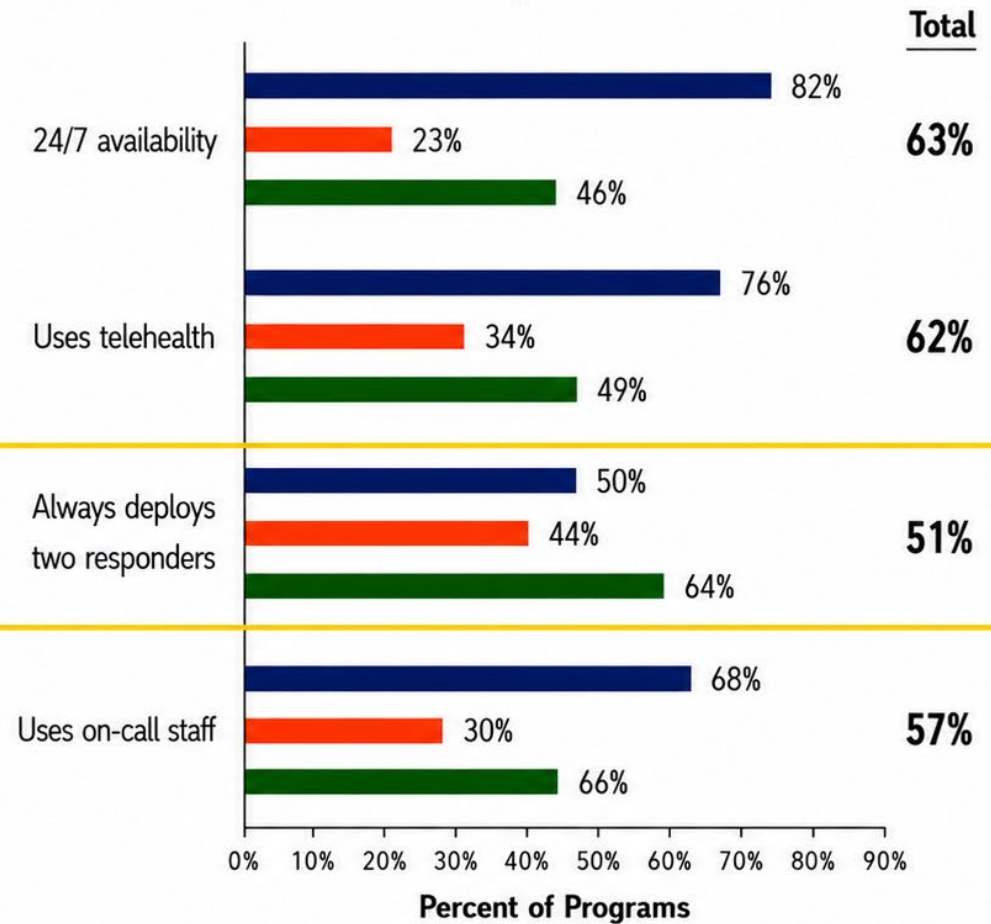
- Two-responder deployment is common
- 24/7 availability and telehealth capabilities vary by model

Comparison of Operational Characteristics

Panel A. California Sample

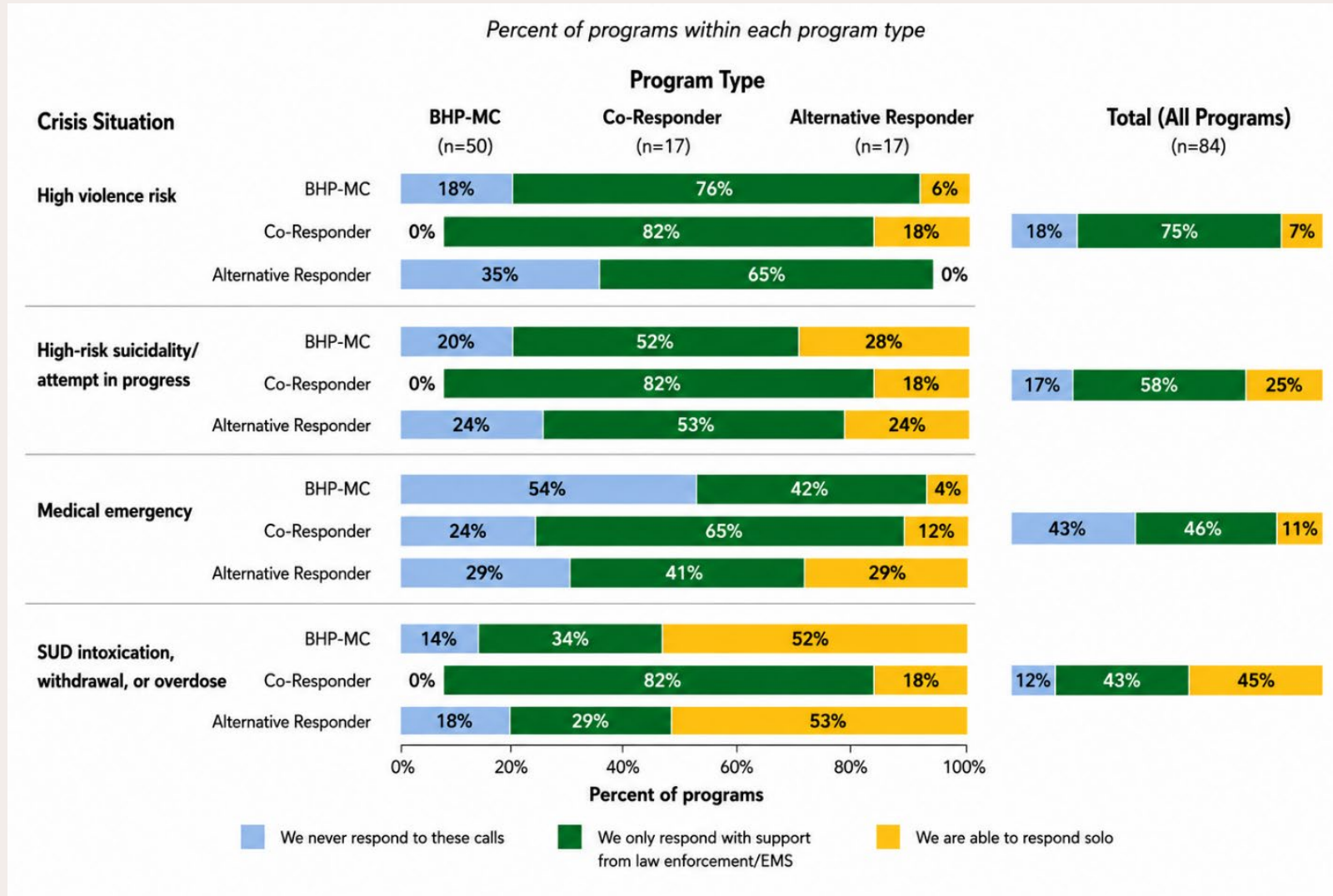


Panel B. National Sample



■ BHP-MC ■ Co-Responder ■ Alternative Responder

Response Capabilities



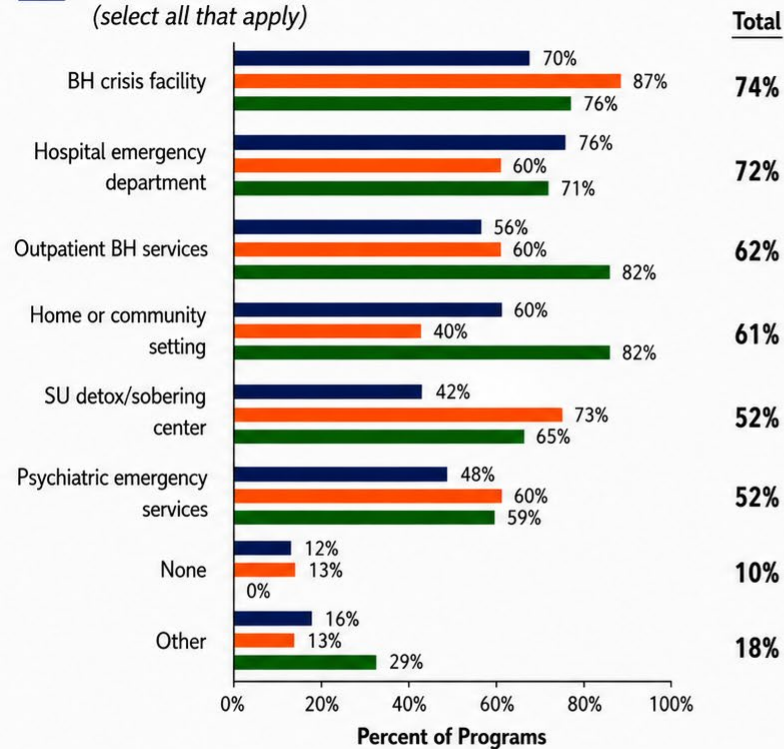
Key Takeaways:

- Most programs require law enforcement/EMS support for high-risk violence and suicidality calls.
- Nearly half of programs can respond independently to substance use-related crises.

Continuity of Care

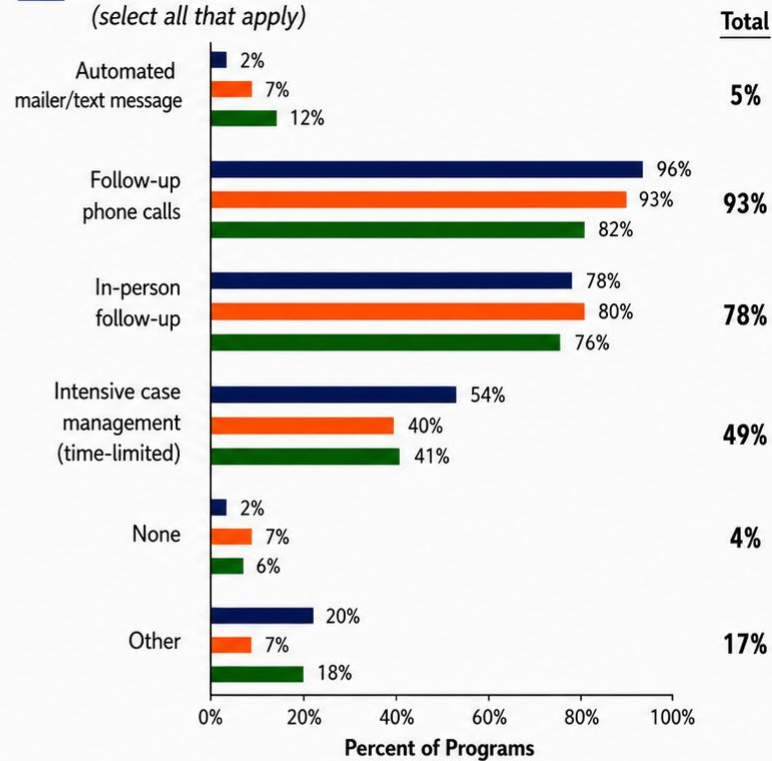
A Drop-Off Locations

(select all that apply)



B Follow-Up Services

(select all that apply)

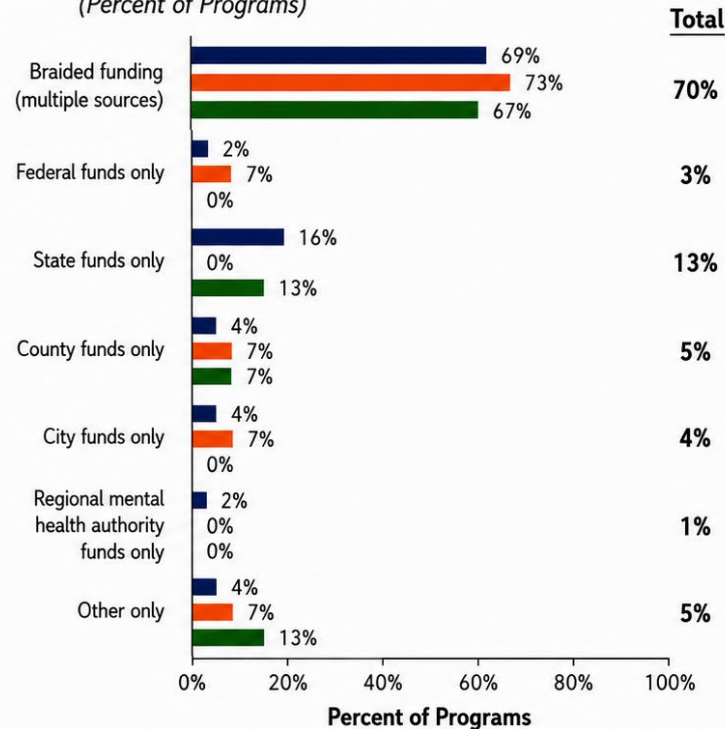


Key Takeaways:

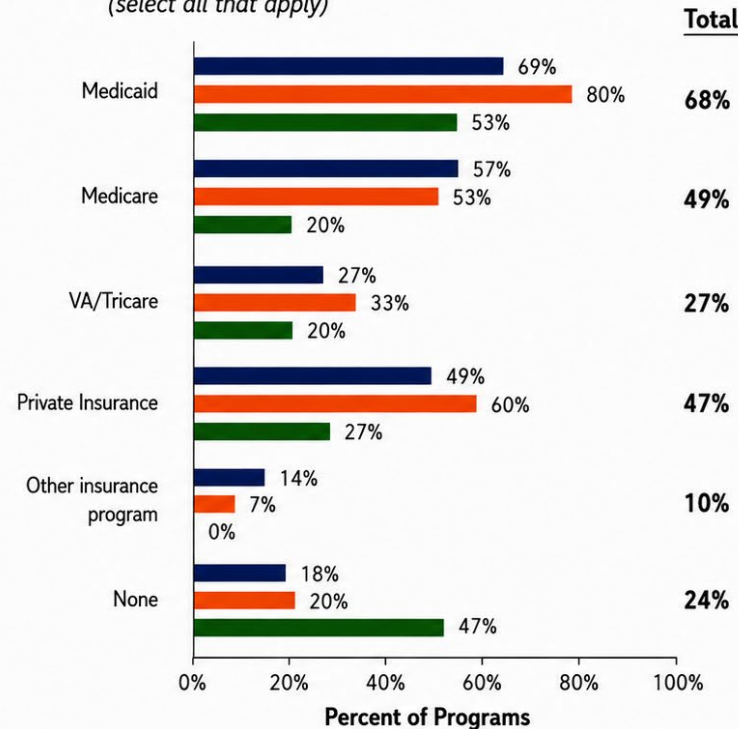
- BH Crisis Facilities and Hospital EDs are the most common drop-off locations but programs use a broad range of community and treatment settings.
- Follow-up is nearly universal.

Funding & Insurance

A Funding Sources
(Percent of Programs)



B Insurance Billed
(select all that apply)



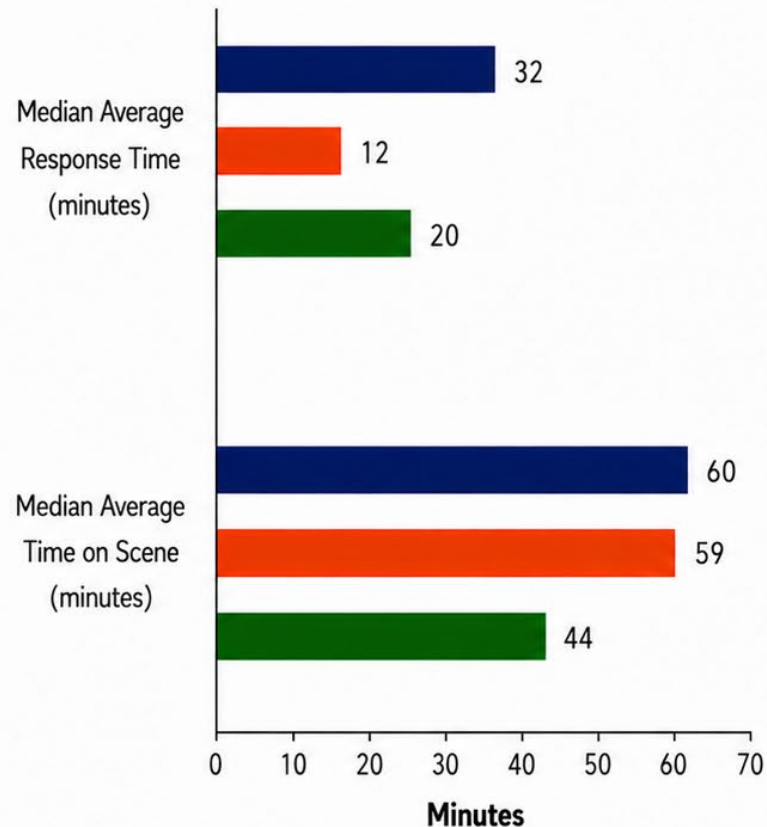
Key Takeaways:

- Braided funding is the dominant financing model across program type.
- Medicaid is the most commonly billed insurer.
- Alt. Responder programs most likely to report billing no insurance.

Selected Outcomes (January – September 2025)

A Response Times

(Median, Minutes)



B Call Resolution Outcomes

(Median, Percent of Calls)

Total

30

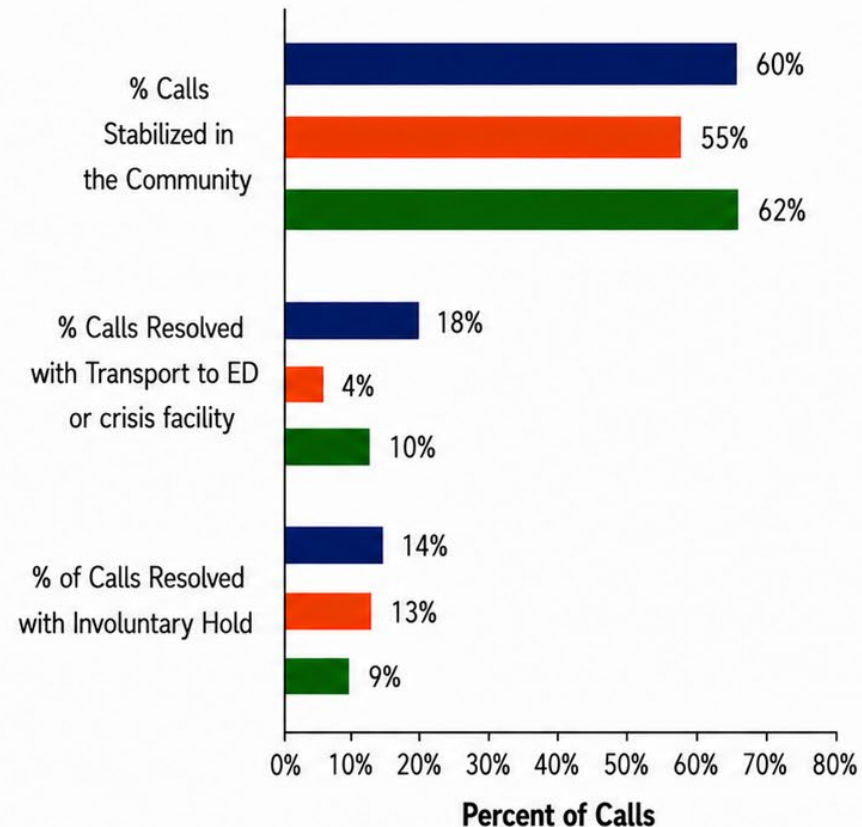
59

Total

60%

15%

14%



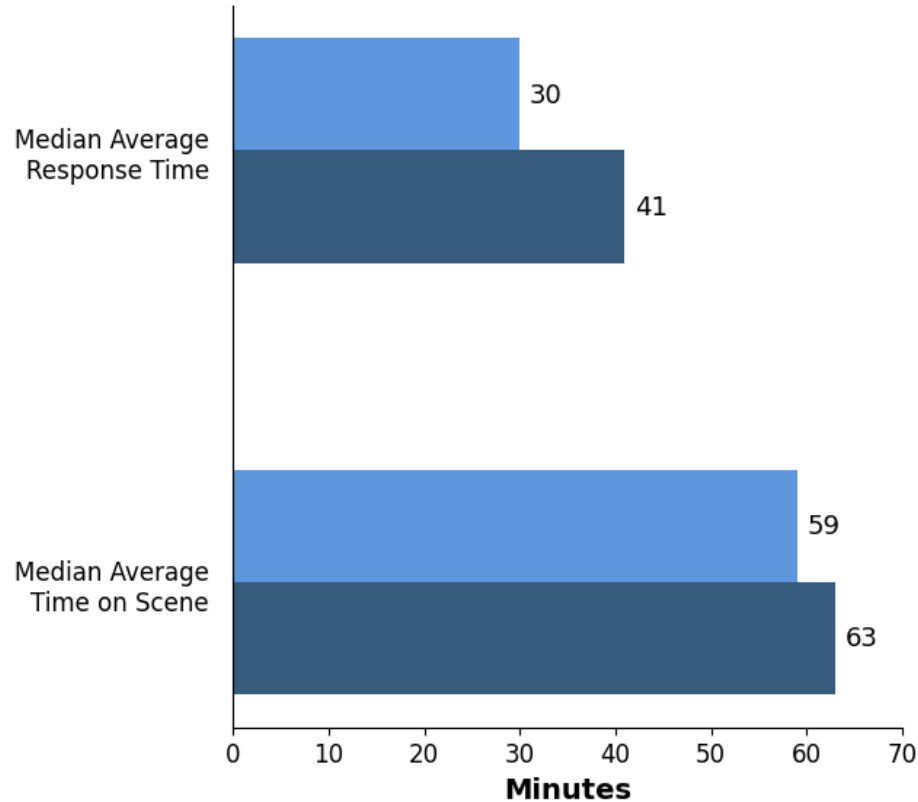
■ BHP-MC ■ Co-Responder ■ Alternative Responder

Note: Denominators vary because not all programs reported each measure. Panel A: response time (BHP-MC $n=24$, Co-Responder $n=1$, Alternative Responder $n=8$); time on scene (22, 2, 8). Panel B: calls resolved on scene (27, 5, 11); transport to ED/crisis facility (23, 4, 8); involuntary transport (25, 5, 8).

Comparison of Selected Outcomes (Jan – Sept 2025)

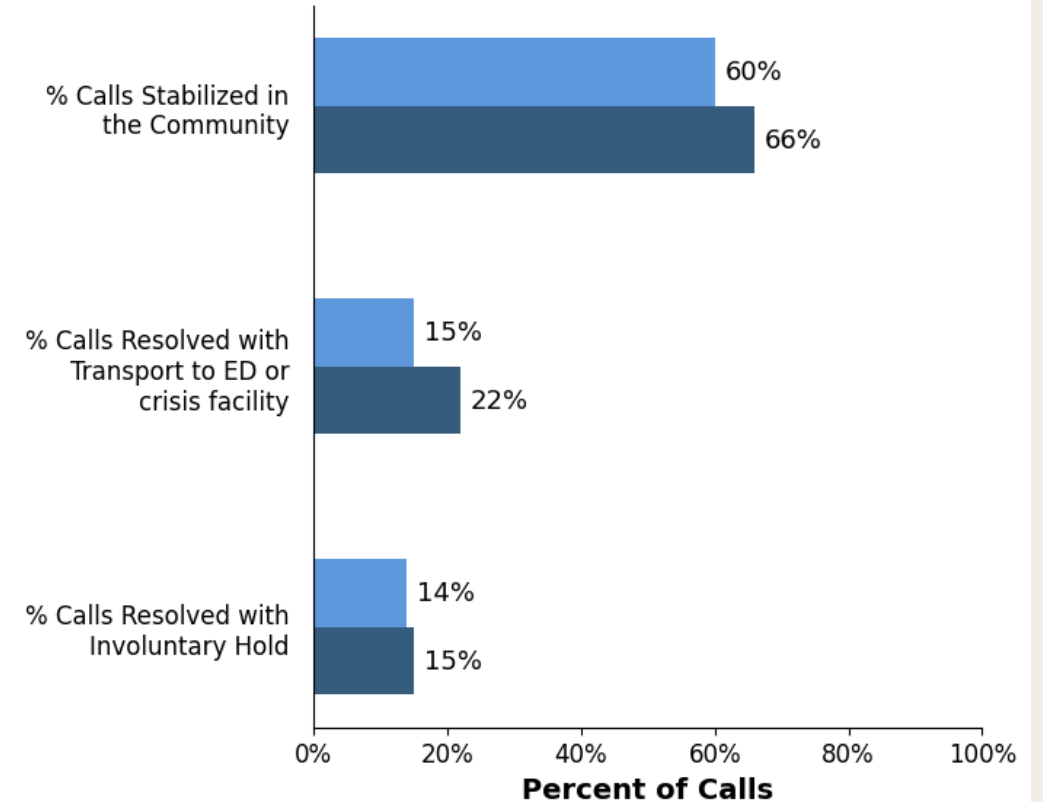
A Response Times

(Median, Minutes)



B Call Resolution Outcomes

(Median, Percent of Calls)



Final Takeaways

- California has a diverse mobile crisis system
- Program model (Behavioral Health MC, Co-Response, Alternative Response) shapes how crisis care is access and delivered
- California shows notable capacity for independent response to some high-risk behavioral health crises
- California has a strong foundation for performance measurement, with opportunities for greater consistency.

Thank you

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The Trevor Project x CalHHS Equitable Care: LGBTQ+ Crisis Team Training Partnership Outcomes

Presentation to the CalHHS 988-Policy Advisory Group

Sacramento, California
September 9, 2026



Saurav Jung Thapa, M.A.

Director of Coalitions & Partnership Engagement,
The Trevor Project





The Trevor Project is the leading suicide prevention and crisis intervention organization for LGBTQ+ young people in the United States and in Mexico.

Our goal is to help every LGBTQ+ young person see a bright future for themselves.



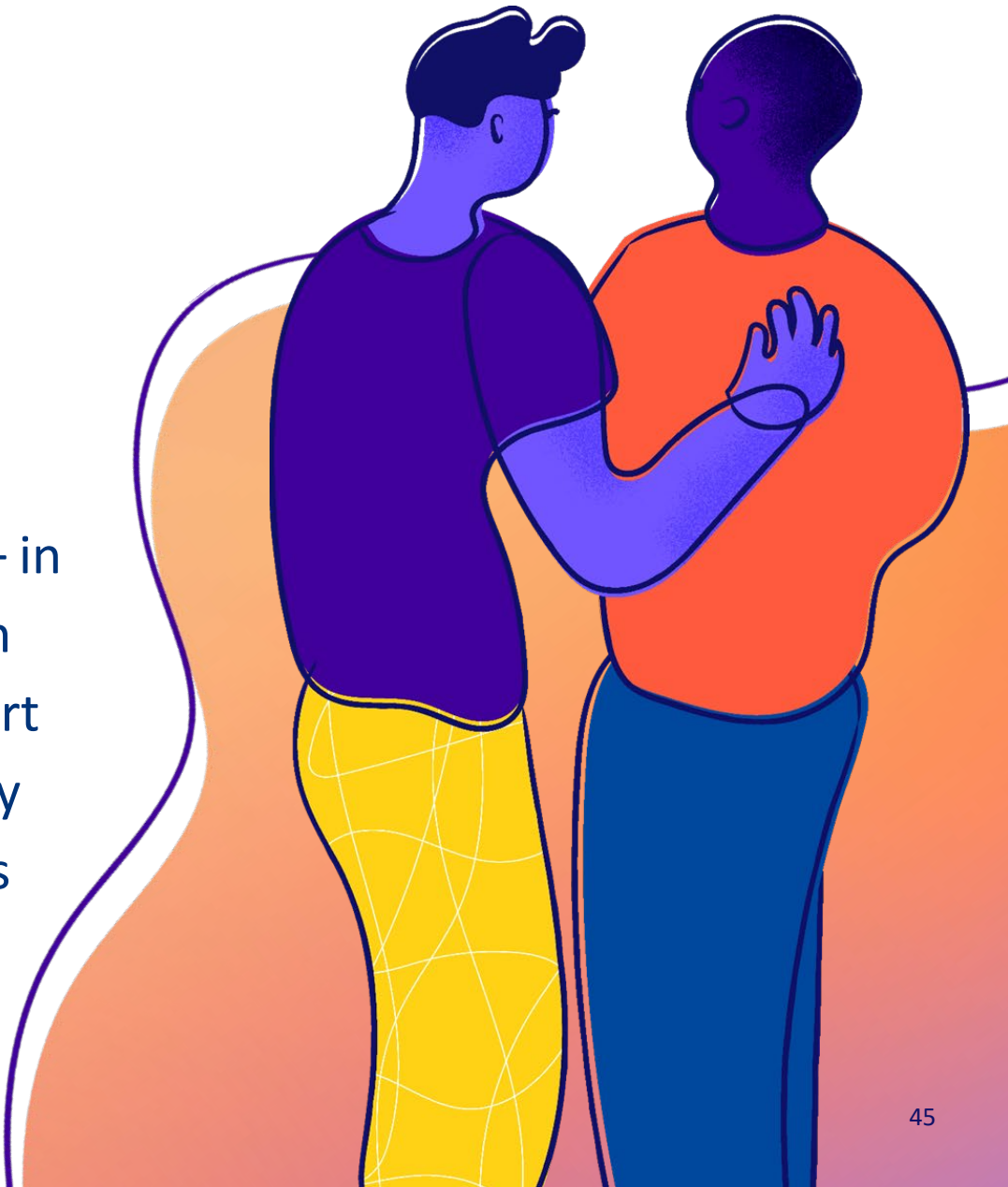
LGBTQ+ Youth Suicide

1.8M+

LGBTQ+ young people seriously consider suicide each year, and LGBTQ+ young people are over **3x more likely to attempt suicide** than their peers

40%

Lower odds of attempting suicide – in most cases – when LGBTQ+ youth report **feeling accepted** by adults in their lives



“We’re proud to partner with The Trevor Project to improve critical 988 services for young people in times of crisis.”

—Governor Gavin Newsom

Mission

The Trevor Project’s mission is to end suicide among LGBTQ+ young people.

The Trevor Project’s Equitable Care training was created from that vision: Equitable Care is a program that equips diverse audiences—leaders, administrators, and frontline crisis providers—with welcoming, culturally competent, and risk-informed skills for supporting LGBTQ+ people in crisis.

The Trevor Project’s Equitable Care training program provides key concepts referencing **vital strategies and concepts in an accessible format**—from practical scenarios addressing LGBTQ+ intersectionality to trauma-informed crisis intervention strategies.

Trevor’s Equitable Care program was **made possible by Governor Gavin Newsom, CalHHS, and our California 988 partners.**

Equitable Care: LGBTQ+ Crisis Team Training

- ✓ **Four modules** with vital LGBTQ+ crisis support topics; **90-minute** sessions **designed to equip crisis teams** with knowledge, skills, and abilities to **respond to an LGBTQ+ person in varied crisis situations**
- ✓ **Module 1: Building an Affirming Mindset**
- ✓ **Module 2: LGBTQ+ Identity & Intersectionality**
- ✓ **Module 3: Navigating Contributing Factors**
- ✓ **Module 4: Risk-Informed Interventions**



California Training Outcomes

- ✓ 100% agree or strongly agree the training is useful
- ✓ 99% likely or very likely to recommend the program
- ✓ 99% agree or strongly agree the training increased their knowledge of LGBTQ+ identities and that it increased their knowledge of mental health and suicide

“I feel like I learned quite a bit, and that **I am better prepared to respond to LGBTQ+ callers in a more informed, sensitive, and affirming way.** The feeling is empowering, and it motivates me to put some work into learning more and into putting the knowledge I've gained into practice.”

—CA training participant



Trevor's Equitable Care Development Team



Keygan Miller, M.Ed.
(They/Them)
Director of Public Training



Kyle Teller, Ph.D.
(She/Her)
Senior Manager of Public
Training



Ayari Dursun, M.A.
(She/Ella)
Public Training
Associate



Ongoing State Partnerships

The Trevor pilot training engagement with CalHHS provided us invaluable opportunities to **catalyze additional states to follow California's leadership.**

Trevor has partnered with Illinois to launch an Equitable Care program for IL's 988 crisis teams with training currently underway.

We are working **actively with New York and Washington states** to develop similar LGBTQ+ programs and activating states across the country.



**“Every member
of a crisis
center should
be able to take
this training.”**

**—CA training
participant**

The Trevor Project extends our **sincere appreciation to Governor Newsom, CalHHS, DHCS, AHP, and CA 988 center leadership** for this successful partnership to offer specialized LGBTQ+ competency training for California’s statewide 988 crisis leaders, administrators, and frontline crisis providers.

We thank you for equipping your teams with welcoming, culturally competent, and risk-informed skills for leading and operating programs which support LGBTQ+ people in crisis.

Committed partners like you makes The Trevor Project’s life-affirming work possible every minute of the day, for every LGBTQ+ young person in crisis. Thank you!



Questions?

Email saurav.jung.thapa@thetrevorproject.org

Thank you!



Department of Health Care Services 988 Suicide and Crisis Lifeline Updates

Ivan Bhardwaj | Medi-Cal Behavioral Health Policy Division, Chief

988 Communications Activities

988 Website:	• Developed a 988 website to connect Californians to 988 and provide a central location where diverse stakeholders can easily find resources related to suicide awareness and prevention.
988 Awareness Campaign:	• Phase 1: Statewide campaign including 992 billboards generating over 320 million total impressions, along with a Tribal 988 billboard campaign, launched in Fall 2025. • Phase 2: Social media campaign with tailored messages for California's youth and young adults (15-24) launching in September 2026.
988 Language Translation:	• Translated 988 posters and flyers into multiple threshold languages.
988 Resources for Schools:	• Developed two resources for schools to raise awareness about 988: • California 988 resource for middle and high schools. • California 988 Informational Flyer for K-6 school staff and parents.

SAMHSA Notice of Funding Opportunity Overview

988 State and Territory Local Capacity Building Cooperative Agreement



Due Date:
July 17, 2026



Length of Project:
Up to three years



Anticipated Amount: Up to
\$20,195,467 per year for California



Expected Start Date:
September 30, 2026

10 Required Activities

- 01 Enhance recruitment, hiring, and training of 988 workforce to meet at least 90 percent of state or territory calls, chats, and texts. **(Continuing)**
- 02 Evaluate quality and clinical practices. **(Continuing)**
- 03 Develop and implement systems for crisis contact follow-up and referral protocols. **(Expanded)**
- 04 Develop and update state 988 sustainability plan. **(Continuing)**
- 05 Foster partnerships including 911/988 system integration. **(New)**
- 06 Expand and implement sentinel event policies. **(Expanded)**
- 07 Participate in SAMHSA's National Cross-Site Evaluation. **(New)**
- 08 Implement additional technology and cybersecurity measures. **(New)**
- 09 Develop substance use and overdose response protocols and referrals. **(Expanded)**
- 10 Engage with Tribes and Tribal Organizations to ensure 988 services meet the needs of Tribal communities. **(Expanded)**

FY 2027-28 Cost Projections

APPROACH:

- DHCS and AHP partnered with 988 Crisis Centers and the 988 Consortium to develop a cost projection methodology for 988 Crisis Center operational needs in FY2027-28.
- Cost projections were refined based on 988 Crisis Center and 988 Consortium recommendations.

METHODOLOGY:

- Forecasted statewide contact volume at 90 percent answer rate across all contacts.
- Forecasted statewide crisis counselor workload based on 90 percent answer rate.
- Estimated total staffing cost for all position types.
- Calculated the total FY 2027-28 statewide projected cost to meet the 90 percent answer rate across calls, chats, and texts.

Next Steps:

- Review and approval process for cost projections.
- Share with the California Governor's Office of Emergency Services (CalOES).

Contact: 988@dhcs.ca.gov

Thank you!



Reflections on Implementation



- ✓ Considering everything we've discussed today, what is the most important lesson you've taken from the first year of implementation?
- ✓ What conversations are we—the PAG—not having that we need to be having?
- ✓ Where could the PAG provide the greatest value during the next phase of implementation?



Action Items and Next Steps

Action Items & Next Steps

Cal OES 988 Technical Advisory Board (open to the public):

- Next meeting is November 12th from 10 am to 12:30 pm at Cal OES Headquarters: 10390 Peter McCuen Blvd., California Room 109, Mather, CA 95655.
- Check website 10 days prior to the meeting date for Zoom link/agenda.

CalHHS Behavioral Health Task Force (open to the public)

- Next meeting will be held on October 14 from 10am-3pm at CalHHS Clifford L. Allenby Building at 1215 O Street, Room 110A/110B Zoom option also available
- **Topic:** Advancing transparency and accountability in California's behavioral health system

CalHHS CARE Act Working Group (open to the public)

- Next meeting will be held on November 18th from 10am-3pm at CalHHS Clifford L. Allenby Building at 1215 O Street, Room 110A/110B Zoom option also available

■ Action Items & Next Steps

Progress Update	Send comments on progress update to AB988Info@chhs.ca.gov by September 23



Public Comment Period

Public Comment Guidelines

- We will call names in the order in which we received the sign-ups.
- If joining virtually, raise hand on Zoom to speak. If joining by call-in, press *9 on the phone.
- Be prepared to complete your comment within **two minutes or less (if a different time allotment is needed it will be announced by the facilitator)**. There will be a timer on the screen to help you keep track of time. The facilitator reserves the right to limit the time for comment.
- Policy Advisory Group members will listen but not respond.
- If you have a written version of your comment, please send it to the 988 inbox: AB988Info@chhs.ca.gov
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, you may email your written comment to the project email address: AB988Info@chhs.ca.gov

NOTE: Members of the public who use translating technology will be given **additional time**.

Public Comment Sign-Ups

1. NAME?

Thank You!

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.