



# 988-Crisis Policy Advisory Group Meeting #8

January 28, 2026

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

# ■ Hybrid Meeting Guidelines

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat
- **Policy Advisory Group members and Delegates** participating on Zoom:
  - Mute mic when not speaking
  - Use the “raise hand feature” if you have a question or comment.
  - Turn on video
- **Members of the public** who sign up for public comment will be invited to turn on video and unmute mic at 2:48 pm



**Welcome**

*Stephanie Welch,*

*Deputy Secretary of Behavioral Health, CalHHS*

# January 28 988-Crisis PAG Meeting Objectives

## Meeting Objectives

- Welcome new members and build/strengthen relationships within the Policy Advisory Group.
- Share updates and learn about progress toward building an equitable, accessible, high-quality behavioral health crisis system.
- Acknowledge and discuss opportunities and challenges for implementing the vision for the statewide behavioral health crisis care continuum.
- Gather member input to shape workgroup priorities.
- Discuss what information should be shared with stakeholders and the public in the progress report and interim communications.
- Hear public comments.

# Agenda

<b>10:00 am</b>	<b>Welcome</b>
<b>10:25 am</b>	<b>Mission Moment</b>
<b>10:40 am</b>	<b>Presentation/Discussion: Progress on Implementation Plan</b>
<b>11:25 am</b>	<b>Break</b>
<b>11:40 am</b>	<b>Discussion: Progress on Implementation Plan (Cont.)</b>
<b>1:00 pm</b>	<b>Lunch and Public Comment Sign Up</b>
<b>1:30 pm</b>	<b>Exercise/Discussion: Workgroups</b>
<b>2:10 pm</b>	<b>Discussion: Communications and Progress Report</b>
<b>2:45 pm</b>	<b>Action Items and Next Steps</b>
<b>2:48 pm</b>	<b>Public Comment Period</b>
<b>3:00 pm</b>	<b>Adjourn</b>

# ■ 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 Health

**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)

- **Delegate: Dr. Hernando Garzon**, Chief Medical Officer, 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)

**Jana Lord**, Chief Operating Officer, Sycamores

# 988-Crisis Policy Advisory Group Members 2026

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

**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 Services Department

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

- **Delegate: Carli Stelzer**, Senior Policy and Legislative Affairs Advisor, 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 Medical Peer Support Specialist; Peer Team Lead, Telecare Corporation

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

**Miguel Serricchio**, Managing Director, eCapital; Volunteer, Didi Hirsch

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

**Phebe Bell**, Behavioral Health Director, Nevada County

**Pete Weldy**, Chief Executive Officer, California Alliance of Child and Family Services

- **Delegate: Adrienne Shilton**, Senior Vice President of Public Policy and Strategy, California Alliance of Child and Family Services

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

# 988-Crisis Policy Advisory Group Members 2026

**Rebecca Bauer-Kahan**, California State Assemblymember, AD 16; Author of AB988

**Rhyan Miller**, Behavioral Health Deputy Director, Integrated Programs, Riverside County

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

**Robert Smith**, Chairman, Pala Band of Mission Indians

- **Delegate: Claudia Chavez**, Social Service 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 Hirsch Mental Health Services

**Sohil Sud**, Director, Children and Youth Behavioral Health Initiative, California Health and Human Services Agency (CalHHS)

**Stephanie Welch**, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)

**Stephen Sparling**, Program Manager, California Coalition for Youth

**Steve Yarbrough**, Deputy Director, Public Safety Communications, California Governor's Office of Emergency Services (Cal OES)

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

- **Delegate: Sarah Steenhausen**, Deputy Director of Policy, Research and Engagement, CDA

**Tara Gamboa-Eastman**, Director of Government Affairs, Steinberg Institute

**Taun Hall**, Executive Director, The Miles Hall Foundation

# ■ Virtual PAG Attendees (as of 01/23)

- **Chad Costello**, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)
- **Doug Subers**, Director of Governmental Affairs, California Professional Firefighters
- **Erika Cristo**, Assistant Deputy Director, California Department of Health Care Services (DHCS)
- **Jessica Wilson (Cruz)**, Chief Executive Officer, NAMI – California
- **Kasey Suffredini**, Chief Officer of Prevention, The Trevor Project
- **Le Ondra Clark Harvey**, Chief Executive Director California Council of Community Behavioral Health Agencies (CBHA)
- **Miguel Serricchio**, Volunteer, Didi Hirsch
- **Rebecca Bauer-Kahan**, California State Assemblymember, AD 16; Author of AB988



# Mission Moment

*Honorable Chairman Robert Smith, Pala Band of Mission Indians and Chairman of Southern California Tribal Chairman's Association*

**Pala Band of Mission Indians  
Tribal Sovereignty, 988, and  
Mobile Crisis**

# Who We Are

Pala Band of Mission Indians

A Federally Recognized Tribe

- We are a sovereign Tribal Nation
- We are not a nonprofit or county program
- We govern and care for our own community

In simple terms:

We are a government responsible for our people, just like states and counties are responsible for theirs.

Because we are a government, we must design and deliver crisis services that are accountable, culturally grounded, and responsive to our community's needs.

# What Is Tribal Sovereignty?

Tribal Sovereignty = Self-Governance

- Tribes make decisions for their own people
- Tribes design services that reflect culture
- Tribes are accountable to their citizens

In simple terms:

Tribal sovereignty means Tribes have the right and responsibility to take care of their own communities.

This includes the authority to design behavioral health and crisis response systems for our people.

# Tribal Jurisdiction

Tribal lands are a distinct jurisdiction

- Tribal land is not county land
- Tribes have their own systems and authority
- Services must respect Tribal governance
- Crisis response models designed without Tribal input often fail on Tribal land

In simple terms:

When services come onto Tribal land, they must work with the Tribe, not around it.

# Government-to-Government Relationships

Government-to-government means equal partnership

- Tribe ↔ State
- Tribe ↔ County
- Collaboration, not contracting
- Advisory Boards are part of government-to-government engagement
- Tribal participation must be structural, not symbolic

In simple terms:

Tribes work with states and counties as governments, not as vendors or subcontractors.

An equal seat at the table matters.

# Culture, Language, and Healing

Culture plays a critical role in wellness

- Many Tribes experienced forced loss of language
- Cultural disruption impacts identity and mental health
- Healing must include culture and community
- Culturally grounded response reduces escalation, mistrust, and repeat crises

In simple terms:

When culture is respected, people are more likely to trust and accept help.

# Native Communities Are Often Miscounted

Data systems often miss Native people

- Native people are misclassified as “Other”
- Population counts appear smaller than reality
- Funding does not match actual need
- Miscounting leads to under-resourced crisis lines and response teams

In simple terms:

If Native people are not counted correctly, systems fail to serve them.

# Tuchily Healing Hearts

Pala's Tribal Mobile Crisis Response Team

- Operated by the Tribe
- Culturally grounded and community-based
- Designed to meet people where they are
- Our team responds in ways that prioritize safety, dignity, and keeping people connected to their community whenever possible.

A Community member in emotional distress is supported by our Mobile Crisis Response Team who honor family ties and cultural values, helping Restore calm and trust while connecting the community member to resources and ongoing support.

In simple terms:

This is what Tribal sovereignty looks like in action during a crisis.

# 988 & Tribal Crisis Care

Tribal integration into the 988 system

- Strengthening on-call and after-hours response
- Preparing for warm handoffs from 988
- Improving follow-up and continuity of care
- Tribal teams must be recognized as first responders
- Warm handoffs must respect Tribal jurisdiction and consent
- After-hours Tribal response is a system gap that 988 can help close

In simple terms:

988 works best when Tribal teams are included and culturally connected.

# Policy Priorities Moving Forward

Key priorities from a Tribal perspective

- Clear referral and warm-handoff pathways
- Defined warm handoff and follow-up expectations
- Workforce sustainability for crisis response
- Formal recognition of Tribal crisis teams within 988 protocols

In simple terms:

Clear rules and coordination help Tribal crisis teams respond quickly and effectively.

# Why Tribal Voices on the 988 Advisory Board Matter

- Tribal governments are directly impacted by 988 policy decisions
- Exclusion leads to misguided protocols and delayed response
- Inclusion strengthens system equity, effectiveness, and trust
- Continued engagement with Tribes is essential to effective 988 policy and Implementation
- Tribes must be consistently invited to participate in advisory and decision Making processes
- Ongoing collaboration strengthens trust, equity, and system effectiveness

# What Success Looks Like

A system that works for Native communities

- Timely and culturally responsive crisis care
- Strong coordination across systems
- Reduced repeat crises

In simple terms:

Success means Native people get the right help, at the right time, from people they trust.

This success depends on Tribal voices being present where 988 policy and implementation decisions are made.



**Update**

**CalHHS 988-Crisis  
Policy Advisory Group**

**January 28, 2026**

# ■ Agenda

- Background
- Update on AB 988 work and crisis care continuum
- Info about CA 988 crisis centers
- CalHHS 988-Crisis highlights
  - CalHHS – The Trevor Project pilot partnership
  - Mobile Crisis national survey
  - Opportunities and challenges for implementation
- Next Steps
  - Policy Advisory Group 4/29/26

# Proposed Components of Future State Crisis Care Continuum

Behavioral health crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

## Preventing Crisis

### Community-based preventive

**interventions** for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self-help, recovery support services, addressing stigma)



## Responding to Crisis

**Acute crisis response services**, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models



## Stabilizing Crisis

**Community-based crisis stabilization services**, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care



# Essential Crisis Services Span the Continuum

= Near term (by FY 23-24)
  = Medium term (by FY 26-27)
  = Long term (by FY 28-29)

Preventing Crisis	Responding to Crisis	Stabilizing Crisis	
<p><b>Peer-Based Warmlines</b></p> <p><b>Digital Apothecary</b></p> <ul style="list-style-type: none"> <li>• CYBHI digital platform: Brightlife and Soluna</li> </ul>	<p><b>Hotlines</b></p> <ul style="list-style-type: none"> <li>• Operate 24/7/365</li> <li>• Answer all calls (or coordinate back-up)</li> <li>• Offer text / chat capabilities</li> <li>• Be staffed with clinicians overseeing clinical triage</li> </ul>	<p><b>Crisis receiving and stabilization services</b></p> <ul style="list-style-type: none"> <li>• Operate 24/7/365 with multidisciplinary team</li> <li>• Offer on-site services that last less than 24 hours</li> <li>• Accept all appropriate referrals</li> <li>• Design services for mental health and substance use crisis issues</li> <li>• Offer walk-in and first responder drop-off options</li> <li>• Employ capacity to assess &amp; address physical health needs</li> </ul>	<p><b>Peer Respite</b></p> <p><b>In-Home Crisis Stabilization</b></p> <p><b>Crisis Residential Treatment Services</b></p> <ul style="list-style-type: none"> <li>• Operate 24/7/365</li> </ul> <p><b>Post-Crisis Step-Down Services, such as (LT)</b></p> <ul style="list-style-type: none"> <li>• Partial hospitalization</li> <li>• Supportive housing</li> </ul> <p><b>Sobering Center</b></p>
<p><b>Community Based Behavioral Health Services:</b></p> <ul style="list-style-type: none"> <li>• Community-based social services</li> <li>• School-based and school-linked services</li> <li>• Primary care clinics and FQHCs</li> <li>• Outpatient BH care</li> <li>• MAT and harm reduction</li> <li>• Peer support</li> <li>• Housing services</li> <li>• Employment services</li> </ul>	<p><b>Mobile Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Operate 24/7/365</li> <li>• Staffed by multidisciplinary team meeting training, conduct, and capability standards</li> <li>• Respond where a person is</li> <li>• Include licensed and/or credentialed clinicians</li> </ul>		



Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. September 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS

# ■ AB 988: The Miles Hall Lifeline and Suicide Prevention Act

- Created the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state [988 Technical Advisory Board](#)
- Requires CalHHS to convene a state 988 policy advisory group ([988-Crisis Policy Advisory Group](#)) to advise on a set of recommendations for the **five-year implementation plan** for a comprehensive 988 crisis system by December 31, 2024
  - AB 988 underwent further modifications in [AB 118](#), the trailer bill that incorporates the implementing language of the California State Budget.
  - Requires CalHHS to **post regular updates**, no less than annually, regarding the implementation of 988 on its public internet website, until December 31, 2029

# 988 State Suicide and BH Crisis Services Fund

2023-24 2024-25 2025-26

## 3414 988 State Suicide and Behavioral Health Crisis Services Fund<sup>S</sup>

BEGINNING BALANCE	\$24,728	\$44,674	\$45,223
Prior Year Adjustments	39	-	-
Adjusted Beginning Balance	<u>\$24,767</u>	<u>\$44,674</u>	<u>\$45,223</u>
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	49,779	44,276	44,276
Total Revenues, Transfers, and Other Adjustments	<u>\$49,779</u>	<u>\$44,276</u>	<u>\$44,276</u>
Total Resources	<u>\$74,546</u>	<u>\$88,950</u>	<u>\$89,499</u>
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	4,256	-	575
0690 Office of Emergency Services (State Operations)	1,862	9,632	9,637
0690 Office of Emergency Services (Local Assistance)	4,605	20,280	20,280
4260 State Department of Health Care Services (State Operations)	-	728	728
4260 State Department of Health Care Services (Local Assistance)	19,000	12,500	30,000
7600 California Department of Tax and Fee Administration (State Operations)	149	587	615
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	-	-	989
Total Expenditures and Expenditure Adjustments	<u>\$29,872</u>	<u>\$43,727</u>	<u>\$62,824</u>
FUND BALANCE	<u>\$44,674</u>	<u>\$45,223</u>	<u>\$26,675</u>
Reserve for economic uncertainties	44,674	45,223	26,675

# 988 State Suicide and BH Crisis Services Fund

2024-25 2025-26 2026-27

3414 988 State Suicide and Behavioral Health Crisis Services Fund <sup>S</sup>

BEGINNING BALANCE	\$44,674	\$71,633	\$53,051
Adjusted Beginning Balance	<u>\$44,674</u>	<u>\$71,633</u>	<u>\$53,051</u>
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	49,840	44,276	57,040
Total Revenues, Transfers, and Other Adjustments	<u>\$49,840</u>	<u>\$44,276</u>	<u>\$57,040</u>
Total Resources	<u>\$94,514</u>	<u>\$115,909</u>	<u>\$110,091</u>
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	-	575	-
0690 Office of Emergency Services (State Operations)	2,582	9,679	9,682
0690 Office of Emergency Services (Local Assistance)	7,566	20,280	20,280
4260 State Department of Health Care Services (State Operations)	-	728	7,173
4260 State Department of Health Care Services (Local Assistance)	<u>12,500</u>	<u>30,000</u>	<u>60,169</u>
7600 California Department of Tax and Fee Administration (State Operations)	233	607	613
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	-	989	1,102
Total Expenditures and Expenditure Adjustments	<u>\$22,881</u>	<u>\$62,858</u>	<u>\$99,019</u>
FUND BALANCE	<u>\$71,633</u>	<u>\$53,051</u>	<u>\$11,072</u>
Reserve for economic uncertainties	71,633	53,051	11,072



# States with 988 Fee

- NAMI [2025 988 Fees.pdf](#)
- CA 988 surcharge fee set at **\$0.05** per line per month for calendar year 2026 (was \$0.08 for calendar years 2023, 2024, 2025)

	988 Fee Amount	Estimated Annual Revenue (in Millions)	Effective Date (on or after)
 <b>California</b>	\$0.08-\$0.30 per line per month	\$55.6	\$0.08 charge began on Jan. 1, 2023. Starting Jan. 1, 2025, the fee will be charged at an amount based on a specified formula, but no greater than \$0.30
 <b>Colorado</b>	Capped at \$0.30 per line per month	\$ 12.7	\$0.18 charge began Jan. 1, 2022
 <b>Delaware</b>	\$0.60 per line per month	\$9.4	Jan. 16, 2024
 <b>Maryland*</b>	\$0.25 per line per month	\$27	Oct. 1, 2024
 <b>Minnesota</b>	Capped at \$0.25 per line per month	\$9.8	\$0.12 charge begins Sept. 1, 2024
 <b>Nevada</b>	\$0.35 per line per month	\$13.3	Jan. 20, 2023
 <b>Oregon</b>	\$0.40 per line per month	\$32.9	Jan. 1, 2024 (sunsets Jan. 1, 2030)
 <b>Virginia</b>	\$0.12 per line per month	\$10	July 1, 2021
 <b>Vermont*</b>	A portion of \$0.72 per line per month	\$1	July 1, 2025
 <b>Washington</b>	\$0.40 per line per month	\$46	Jan. 1, 2023

\* Maryland and Vermont enacted 988 fee legislation in 2024.

# CA 988 Crisis Centers



## 11 California 988 Crisis Centers

- ✓ Over 1,100 crisis counselors (majority paid staff)
- ✓ Answered **over 380,000 contacts** during 1<sup>st</sup> year of 988 implementation (July 2022 – June 2023)
- ✓ July 2023 – June 2024: answered **over 420,000 contacts**
- ✓ July 2024 – June 2025: answered over **430,000 contacts**



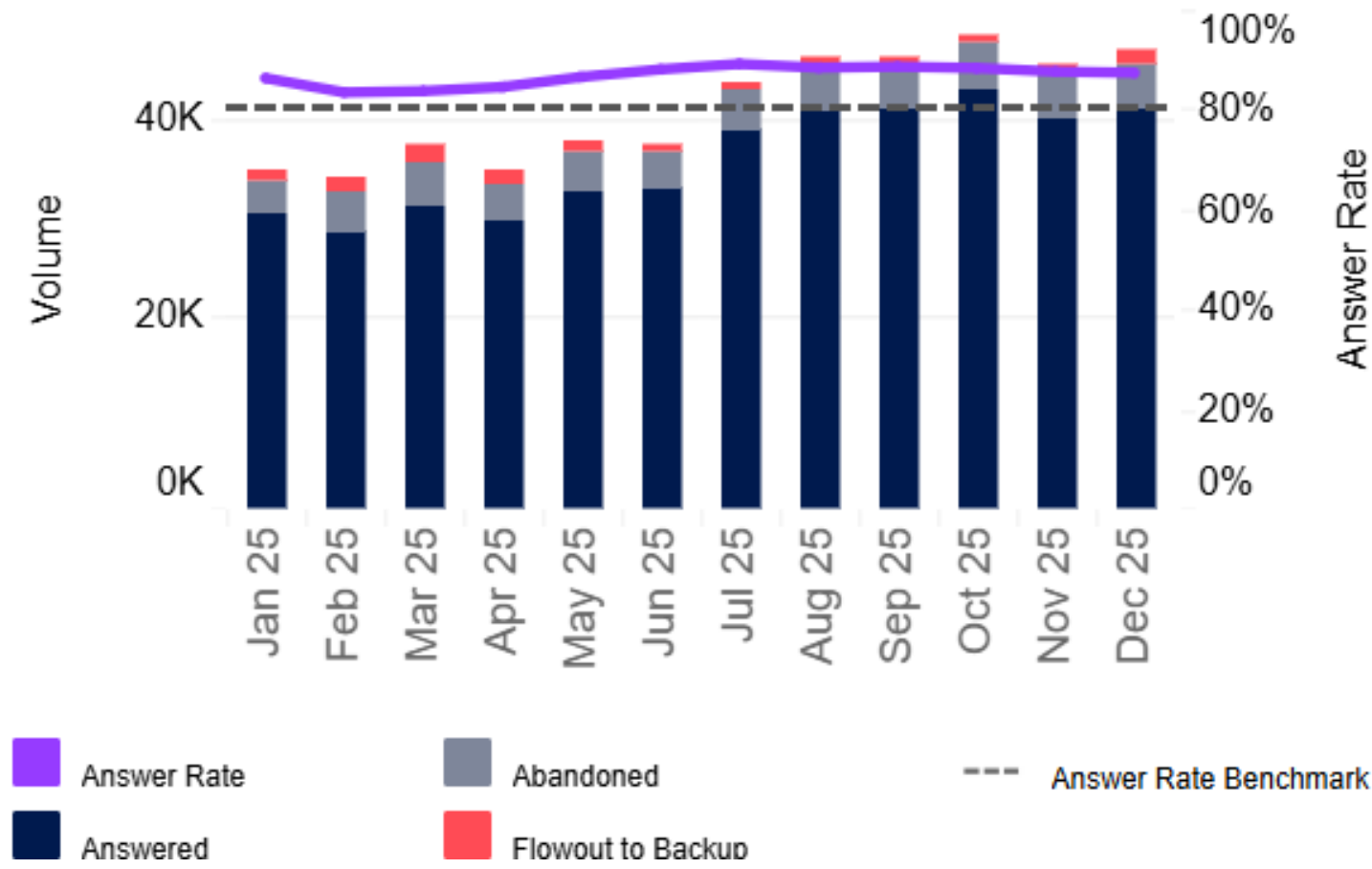
# 988 calls: 1/1 to 12/31/2025



- **655,027** calls to 988 originated in CA
  - 127,340 - Veterans Crisis Line (Press 1)
  - 30,442 – Spanish (Press 2)
  - 47 - Native & Strong
  - 23,925 - LGBTQ+ youth
- 497,198 were seeking in-state services, routed to CA 988 centers
- CA 988 centers answered **431,986** calls, **86.9%** in-state answer rate

Routed Call Volume and Outcomes

Monthly ▾



# 988 chat/text: 1/1 to 12/31/2025

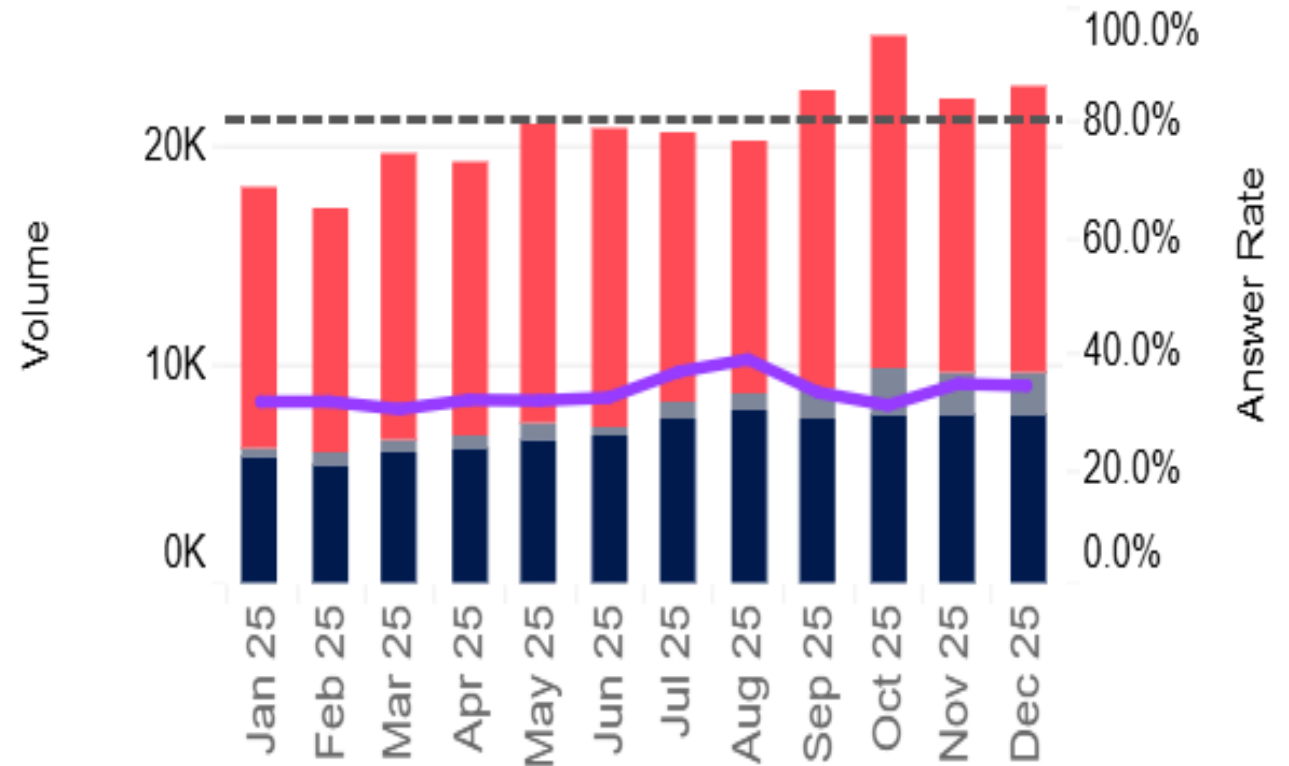


**258,077** chat/text to 988 originated in CA

- 249,294 routed to CA 988 centers
- **82,310** answered in-state
- **33%** in-state answer rate
- 154,798 flowout to national backup

Routed Chat/Text Volume and Outcomes

Monthly



# Outcomes of 988 contacts

- Most 988 contacts resolved during the encounter
- Follow-up offered for help seekers with current suicidal thoughts
- FY 2024-25: **454,360** contacts answered by CA 988 crisis centers
  - Average 1.09% of 988 contacts had emergency rescues
  - Average 0.57% of 988 contacts transferred to 911
  - Average 4.42% of 988 contacts referred to mobile crisis

# CalHHS 988-Crisis Project Highlights



# Partnership with The Trevor Project

- The national 988 specialized service for LGBTQ+ young people was discontinued 7/17/2025
- Through a [new partnership with The Trevor Project](#), the California Health and Human Services Agency (CalHHS) is providing the state's 988 crisis counselors enhanced competency training from experts, ensuring better attunement to the needs of LGBTQ+ youth, on top of the specific training they already receive
- The Trevor Project has developed training schedule and content tailored to the needs of CA 988 crisis counselors
- Training sessions run from December 2025 through March 2026

# National Mobile Crisis Survey

- A team of researchers at Columbia University and Wayne State University is launching the second National Survey of Mobile Crisis Programs in Fall 2025. Building upon the [first national survey](#), this study will deep dive into 5 states, including California.
- CalHHS and DHCS are partnering with the research team to advance this study and broaden understanding of the various types of mobile crisis programs operating in California.
- Timeline:
  - December 2025 – Survey launches in five (5) partner states (including California), with two (2) months for programs to complete
  - January 2026 – National survey launches for remaining states; data analysis will follow
  - June 2026 – Project is completed and written products are released

# National Survey of Mobile Crisis, Co-Responder, and Alternative Response Programs



**You are invited to participate** in a national survey to build the evidence base for mobile crisis programs across the United States.

**The survey is live** from December 1st to January 31st, 2026.

**Respond now** to ensure that your program is represented in the updated national landscape of mobile crisis!

[Click here or scan above to respond](#)

**Enter to win a \$50 gift card raffle!**

## Who are we surveying?


- Behavioral health provider mobile crisis programs
- Mobile Response and Stabilization Services (MRSS) programs
- Law Enforcement Based Co-Responder Programs
- Alternative/Community Response Programs

## What do we want to know?

- Service type/area
- Partnerships
- Program/team structure
- Training
- Technology
- Financing
- Data collection

## Who from my program should respond?

- Executive Director/CEO
- Program Director or Manager
- Clinical Supervisor
- Other supervisory staff

 **Matei Vohr**, Project Manager  
MobileCrisisSurvey@nyspi.columbia.edu  
(929) 335-4712

Link to QR Code: <https://rc-1.nyspi.org/surveys/?s=X9LRXH4DMRJ8NHRF>

# Communication about 988

- DHCS launched billboards and advertisements starting in September for Suicide Prevention Month to promote 988.
  - The campaign will run until January 31, 2026.



# ■ Opportunities and Challenges for Implementation

- Federal investment shifts
  - **Challenge:** Retreat/uncertainty of federal funding
  - **Opportunity:** Develop sustainable funding models that prioritize equity and inclusivity
- Law enforcement involvement in behavioral health crisis response
  - **Challenge:** Recent legal cases raise new concerns
  - **Opportunity:** Heightens urgency to clarify when and how law enforcement should be involved
- Sustainable funding needs
  - **Challenge:** Uncertain landscape of federal funding changes and state budget deficit
  - **Opportunity:** Explore optimizing 988 surcharge rate to provide sustainable funding for the crisis system

# ■ Opportunities and Challenges for Implementation (cont'd)

- Statewide budget constraints
  - **Challenge:** State budget crisis limits funds for implementation
  - **Opportunity:** Develop creative strategies to maximize impact with existing resources, while continuing to advocate for sustained state and federal investment
- Rising behavioral health crises
  - **Challenge:** Increasing need strains existing systems
  - **Opportunity:** Reinforces urgency for improving crisis response and positions 988 as a critical gateway to care

# Next Steps

# Next Steps

<b>Winter-Spring 2026</b>	<p>Workgroups</p> <p><a href="#">988-Crisis Policy Advisory Group - California Health and Human Services</a> Meeting <b>4/29/26</b> at CalHHS, Allenby building, Sacramento</p> <p>Contact <a href="mailto:AB988Info@chhs.ca.gov">AB988Info@chhs.ca.gov</a> for questions about AB 988 implementation plan</p> <p>Website(s) on 988 <a href="#">988 - California Health and Human Services</a></p>
<b>Fall-Winter 2026</b>	First annual report on 988 implementation will be published



**Thank you!**

# Department of Health Care Services 988 Funding Overview and Public Awareness Campaign

Ivan Bhardwaj | Division Chief


# 988 State Suicide and Behavioral Health Crisis Services Fund Overview

## Fiscal Year 2026-27 GB Funding: ~\$67.3M

Funding Source	2024-2025	2025-2026	2026-2027 (GB)
Local Assistance (LA)	\$12,500,000	\$30,000,000	\$31,961,000
Medi-Cal Mobile Crisis Services (LA)	\$0	\$0	\$28,208,000
State Operations (SO)	\$0	\$728,000	\$7,173,000
<b>TOTAL</b>	<b>\$12,500,000</b>	<b>\$30,728,000</b>	<b>\$67,342,000</b>

# **988 Funding for Medi-Cal Mobile Crisis Services**





# Assembly Bill (AB) 988

## Government Code Section 53123.4

- AB 988 established:
  - Operation of mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988.
  - Development of the *Building California's Comprehensive 988-Crisis System: A Strategic Blueprint AB 988 Five-Year Implementation Plan*. DHCS is identified as the state lead for the following potential implementation activities related to Goal D: Integration of 988 and the Continuum of Services as it relates to identifying and sustaining Medi-Cal mobile crisis teams.

Assembly Bill 988 (AB 988) (Committee on Budget and Fiscal Review, Chapter 747, Statutes of 2022), Government Code 53123.4. [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB988](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB988)

California Health & Human Services Agency. *Building California's Comprehensive 988-Crisis System: A Strategic Blueprint AB 988 Five-Year Implementation Plan*. <https://www.chhs.ca.gov/wp-content/uploads/2025/01/AB-988-Five-Year-Implementation-Plan-Final-ADA-Compliant.pdf>

# 988 Statewide Public Awareness Campaign





# 988 Statewide Public Awareness Campaign

- The 988-billboard campaign was launched statewide on September 15, 2025.
- Additionally, a Tribal 988-billboard campaign was launched statewide in October 2025.
- The campaign is scheduled to run until January 31, 2026.
- As of December 31, 2025, a total of 992 billboards, featuring a mix of media, were placed throughout California.
- The campaign generated approximately 303,529,718 total impressions.

# 988 Billboard Examples

## Governor's Executive Order N-31-25 Supporting Men and Boys





# 988 Tribal Billboard Examples



## Resources

[DHCS 988 Website](#)

[Medi-Cal Mobile Crisis Services  
Benefit Website](#)

## Questions?

988: [988@dhcs.ca.gov](mailto:988@dhcs.ca.gov)

Medi-Cal Mobile Crisis Services  
Benefit: [MCBHPD@dhcs.ca.gov](mailto:MCBHPD@dhcs.ca.gov)





## Discussion:

*Over the past year, what actions has your organization taken to advance an equitable, accessible, and high-quality behavioral health crisis system for all Californians? What progress are you most proud of?*



**Break**

## Discussion (choose one):

*What specific challenges do you anticipate in implementing the CalHHS 988 Crisis Response Five-Year Implementation Plan? What are your ideas for how we could address those challenges together?*

*Many PAG members have lived experience with the crisis response system. Drawing on those experiences, what do you believe should be the most critical priorities for implementation in the near term?*



## Discussion:

*What lessons have we learned from successful collaborations across the crisis care system—such as between 988, local governments, Tribes, providers, community-based organizations, and/or law enforcement? How can those lessons help us improve how different parts of the system connect and work together?*



# 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 **Brett McMillen**. If you are participating remotely, you may send your request via Zoom chat to **Tenly Biggs**.
- 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](mailto:AB988Info@chhs.ca.gov)
  - If you are on Zoom today, you may put your comment in a chat for **Tenly Biggs** during the public comment period. We will save the chat and add your comment to the meeting minutes.



## Exercise:

*What are the questions or issues you think each workgroup should tackle?*



## Discussion:

- *What data or stories best illustrate our progress on improving access and equity?*
- *What information would be most valuable for legislators and decision-makers to understand the impact of 988?*
- *What challenges or lessons learned should we share to show transparency and accountability?*



# Action Items and Next Steps

# Action Items and Next Steps

## Upcoming 988 Workgroup Meetings

- Sustainable Funding:
  - Tuesday, February 24 – 10 am to noon
  - Thursday, March 19 – 10 am to noon
- Integration of 988 into the Crisis Care Continuum
  - Tuesday, March 3 – 10 am to noon
  - Tuesday, April 7 – 10 am to noon

## CalOES 988 Technical Advisory Board (open to the public):

- Thursday, February 19 – 10 am to 12:30 pm

Next full 988 PAG meeting: Wednesday, April 29, 10 am to 3 pm



# 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](mailto: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](mailto: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.*