988-Crisis Policy Advisory Group (PAG) Meeting #9

April 29, 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 camera on and unmute mic at 2:48 pm.

Welcome

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

April 29 988-Crisis PAG Meeting Objectives

Meeting Objectives

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

Agenda

10:00 am - Welcome

10:15 am - Presentation and Discussion: State Designation Process for 988 Crisis Centers

11:00 am - Agency Updates

11:25 am - Presentation and Discussion: Reflections from 988 Integration Workgroup

12:15 pm - Lunch and Public Comment Sign Up

12:50 pm - Presentation and Q&A: Prop 1 Statewide Prevention Communications Plan

1:20 pm - Mission Moment

1:35 pm - Presentation and Discussion: Reflections from Sustainable Funding Workgroup

2:25 pm - Policy Advisory Group Process- Feedback

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

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

Sohil Sud, Director, Children and Youth Behavioral Health Initiative (CYBHI)

- ***Delegate:*** **Brittney Blake**, Program Manager, CYBHI

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

- **Chad Costello**, California Association of Social Rehabilitation Agencies (CASRA)
- **Christine Bagley**, California Department of Developmental Services (DDS)
- **Dan Southard**, California Department of Managed Health Care (DMHC)
- **Doug Subers**, California Professional Firefighters (CPF)
- **Elise Gyore**, Office of Assemblymember Rebecca Bauer-Kahan – ***Delegate to Rebecca Bauer-Kahan***
- **Hernando Garzon**, California Emergency Medical Services Authority (EMSA) – ***Delegate to Elizabeth Basnett***
- **Jackie Pierson**, California Consortium for Urban Indian Health (CCUIH)
- **Jessica Cruz**, National Alliance on Mental Illness (NAMI) - California
- **Lan Nguyen**, County of Santa Clara Behavioral Health Services
- **Pete Weldy**, California Alliance of Child and Family Services (CACFS)
- **Phebe Bell**, California Mental Health Services Authority (CalMHSA)
- **Rayshell Chambers**, Commission for Behavioral Health (CBH)
- **Rhyan Miller**, Riverside County Department of Behavioral Health
- **Robert Smith**, Pala Band of Mission Indians
- **Roberto Herrera**, California Department of Veterans Affairs (CalVet)
- **Sean Johnson**, California Department of Veterans Affairs (CalVet) - ***Delegate to Roberto Herrera***
- **Stephen Sparling**, California Coalition for Youth

Department of Health Care Services Designation Process for 988 Crisis Centers

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

Background

- Assembly Bill (AB) 988, known as the *Miles Hall Lifeline and Suicide Prevention Act*.
- *Building California's Comprehensive 988 Crisis System: AB 988 Five-Year Implementation Plan ("Five-Year Implementation Plan")*
- The Five-Year Implementation Plan reflects the California Health and Human Services Agency's (CalHHS) long-term key recommendations.

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Background Continued

- **Five-Year Implementation Plan Goal C.3.e:** Establish a process to review, designate, and re-designate 988 Crisis Centers to meet network coverage needs and to connect help seekers to local resources.
- **State leads for Goal C.3.e:** CalHHS and DHCS
  - **Implementation Partner:** California Governor's Office of Emergency Services (Cal OES).

DHCS
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988 TBL Key Components

- SFY 2026-27 Governor's Budget 988 Trailer Bill Language (988 TBL).
- 988 TBL provides DHCS authority to define and establish operational standards.
- It also establishes a statewide designation framework for California 988 Crisis Centers.
  - This includes the definition of a designated 988 Crisis Center.
  - Timeline to develop designation framework no sooner than October 1, 2027.
  - Timeline for a 988 center to obtain approval as a designated 988 center by December 31, 2029.

988 TBL: DHCS' Responsibilities

- Develop designation framework, including:
  - Eligibility criteria;
  - Approval duration;
  - Application submittal process; and
  - 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; and
  - Performance requirements.
- Develop oversight and monitoring standards of designated 988 centers.
- Publicize information regarding designated Crisis Centers.

DHCS
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Funding: Budget Change Proposal (BCP)

- State Fiscal Year (SFY) 2026-27 Governor's Budget BCP requests funding to support 988 TBL requirements and ongoing operations and administration of the 988 network.
- DHCS is requesting new permanent positions to manage the increasingly high-priority workload and to support development of a designation framework.
- 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.

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Discussion

- ✓ ***What are the funding and cost considerations of adding new designated 988 Crisis Centers?***
- ✓ ***What criteria should DHCS consider when deciding whether to approve or deny an organization's application to become a designated 988 Crisis Center, or to renew an existing designation?***
- ✓ ***What standards for oversight and monitoring of designated 988 Crisis Centers should DHCS consider?***

Contact: 988@dhcs.ca.gov

Thank you!

Agency Updates

- ✓ Stephanie Welch, Deputy Secretary of Behavioral Health
  California Health & Human Services Agency (CalHHS)
- ✓ Steve Yarbrough, Deputy Director, Public Safety Communications
  California Office of Emergency Services (CalOES)
- ✓ Gabrielle Santoro, Chief Deputy Director
  California Emergency Medical Services Authority (EMSA)
- ✓ Amanda Levy, Deputy Director, Health Policy and Stakeholder Relations
  & Austin Trujillo, Health Policy Specialist
  Department of Managed Health Care (DMHC)

California Governor's Office of Emergency Services (Cal OES) Updates

- Cal OES has validated baseline interoperability between 988 and the existing 9-1-1 system, as required by AB 988.
- Future interoperability depends on the deployment of NextGen (NG) 911 system. The timeline is for all public safety answering points (PSAPs) to transition to the new NG 9-1-1 network by June 2030 and retire the legacy 9-1-1 system by July 2030, per Cal OES NG911 Transition Plan published February 2026.
- Interoperability is not the same as providing a state-based platform with customer relationship management functionality. More discussion is needed to clarify at the Technical Advisory Board (TAB) meetings:
  - Rules for 9-1-1 and 988 are different; what are the interconnected pieces that need to align (e.g. geo-location vs geo-routing, data needed for transfers, consent from help seekers, etc.)
  - Is the NGA product what the CA 988 centers want to use; does it have the desired functionality or the financial value?
- Next TAB meeting is Wednesday, June 10, 2026.
- See CA 9-8-8 Information | California Governor's Office of Emergency Services for more information.

Presentation and Discussion

988 Integration Progress Update and Workgroup Reflections

- ✓ **April Giambra, Clinical Deputy Director-Alcohol and Drug Administrator**
  Lake County Behavioral Health Services

Review of Key Themes Suggested by PAG Members

From the 1/28 PAG Meeting: What are the issues you think the 988 Integration Workgroup should consider?

- Governance of 988.
- Reliable 911 to 988 diversion.
- When/how 988 can connect help-seekers with mobile crisis.
- Seamless integration across warm lines, mobile crisis, stabilization, and follow up.
- Shared data, referral tools, and outcome measures that reflect what help-seekers and families value.
- Building and sustaining the crisis workforce.
- Equity, cultural responsiveness, and trust.
- Standards and supports for warm handoffs and clear, least intrusive care pathways.
- Prevention and integration with health care, managed care, schools, IDD services.

988 Integration Workgroup, Members

- Amanda McConnell, CalOptima Health
- Amber Westphal, Lake County Behavioral Health Services
- April Giambra, Lake County Behavioral Health Services
- Ashley Mills, California Department of Public Health
- Austin Trujillo, California Department of Managed Health Care
- Ayana Rose, Sycamores
- Brenda Grealish, Commission for Behavioral Health
- Britney Dobson Ellis, Stanislaus County Behavioral Health & Recovery Services
- Carli Stelzer, California Behavioral Health Association
- Carmen Katsarov, CalOptima Health
- Chad Costello, California Association of Social Rehabilitation Agencies
- Chrissy Andrus, Lake County Behavioral Health Services
- Christine Bagley, California Department of Developmental Services
- Claudia Chavez, Pala Band of Mission Indians
- Doug Subers, California Professional Firefighters
- Erika Cristo, California Department of Health Care Services
- Ivan Bhardwaj, California Department of Health Care Services
- Jackie Tompkins, California Department of Aging
- Jared Altenhofel, Kern County Sheriff's Office
- Jessica Wilson (Cruz), NAMI California
- Jonathan Porteus, WellSpace Health
- Kristin Miller, Riverside University Health System- Behavioral Health
- Le Ondra Clark Harvey, California Behavioral Health Association
- Matt Taylor, Didi Hirsch Mental Health Services
- Meenal Gounder, California Department of Health Care Services
- Michelle Cabrera, County Behavioral Health Directors Association
- Nancy Eldred, NAMI California
- Narges Zohoury Dillon, Crisis Support Services of Alameda County
- Neha Shergill, California Department of Public Health
- Phebe Bell, California Mental Health Services Authority
- Rhyan Miller, Riverside University Health System- Behavioral Health
- Ruben Imperial, Stanislaus County Behavioral Health
- Ruth Drake, Pala Band of Mission Indians
- Saurav Jung Thapa, The Trevor Project
- Sean Johnson, CalVet
- Shari Sinwelski, Didi Hirsch Mental Health Services
- Sohil Sud, California Health and Human Services Agency
- Stephen Sparling, California Coalition for Youth
- Tara Gamboa-Eastman, Steinberg Institute

Reflections from the 988 Integration Workgroup

Why this work is important: When there is strong integration, help-seekers are able to get the support they need, regardless of how they enter the system.

1. Relationships are the foundation of integration.
2. Integration is about making transitions work better for help-seekers.
3. Local conditions shape what integration looks like.
4. Some populations need special considerations.
5. People still lack clarity about what 988 is—now, and in the future.

D. Integration of 988 and the Continuum of Services

Recommendation D.1. Coordinate state, Tribal, county, and regional behavioral health along with payers, providers, and cross-sector partners to connect individuals in behavioral health crises to immediate and ongoing care.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 Integration Workgroup
D.1.a	Evaluate how 988 Crisis Centers coordinate with 9-1-1 Public Safety Answering Points (PSAPs), County behavioral health, Tribal behavioral health, Emergency Medical Services (EMS), and others	CalHHS, Cal OES	DHCS, EMSA, PSAPS, Local EMS providers, County/ Tribal BH, 988 Crisis Centers	• 988 Integration Workgroup members shared multiple examples of local-coordination.	• 988 Integration Workgroup members offered lessons learned from early implementation to inform future coordination, reflecting that shared technology, processes, and protocol and increased staff capacity would strengthen coordination.
D.1.b	Support the development and updating of resource directories to ensure 988 Crisis Centers have information about local response and safe places to be	Cal OES, DHCS	EMSA, 988 Crisis Centers, County/ Tribal BH	• DHCS collaborated with Crisis Centers to identify the foundational needs for a statewide resource directory and continued engagement through quarterly Referral Directory Working Group meetings, leading to the directory's launch in January 2026. As of April 2026, the platform has over 1,600 users and more than 11,000 searches. The directory now includes 2,697 resources, which are reviewed and updated quarterly to ensure accurate and reliable referral information.	• 988 Integration Workgroup members re-affirmed the importance of this implementation activity. • Some Workgroup members reflected that it would need to be actively maintained to be useful.
D.1.c	Align coordination efforts with technology solutions (See Also Recommendation B.1.)	Cal OES, CalHHS	988 Crisis Centers, County/Tribal BH, Mobile Providers, PSAPs		• 988 Integration Workgroup members re-affirmed the urgency of this implementation activity.

D. Integration of 988 and the Continuum of Services

Recommendation D.2. Support connection, coordination, and referrals of 988 help seekers to timely and effective community-based, culturally responsive crisis response, including mobile crisis dispatch, when appropriate.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 Integration Workgroup
D.2.a	Identify mechanisms to build and sustain 24/7 Medi-Cal Mobile Crisis Teams	DHCS	County BH	• DHCS established the core infrastructure for 24/7 Medi-Cal Mobile Crisis Teams by making mobile crisis services a Medi-Cal benefit. To date, the benefit has been implemented in 54 counties, representing more than 99% of the Medi-Cal population with the remaining four on Corrective Action Plans. • Sustaining 24/7 coverage statewide is a work in progress due to challenges such as expiration of enhanced federal funding, workforce shortages, and uneven county capacity, especially in rural areas.	• 988 Implementation Workgroup members re-affirmed the importance of this implementation activity and echoed concerns about long-term sustainability.
D.2.b	Identify mechanisms to build and sustain 24/7 all-payer Mobile Crisis Teams	CalHHS	DHCS, County BH, DMHC	• CA has built the initial infrastructure and expectation for all-payer, 24/7 Mobile Crisis Teams, but establishing a durable statewide all-payer financing mechanism remains a pressing need. Outside of Medi-Cal, mobile crisis continues to depend on county-by-county use of BHSA funds, time-limited grants, and local general funds. (Refer to E2b for examples of work in progress to address crisis services reimbursement by commercial health insurance plans.)	• 988 Implementation Workgroup members re-affirmed the importance of this implementation activity and echoed concerns about long-term sustainability.

D. Integration of 988 and the Continuum of Services

Recommendation D.2. Support connection, coordination, and referrals of 988 help seekers to timely and effective community-based, culturally responsive crisis response, including mobile crisis dispatch, when appropriate.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 Integration Workgroup
D.2.c	Assess gaps in community-based crisis response capacity and identify strategies to address gaps	CalHHS	DHCS, EMSA, Cal OES, Counties and Cities		• 988 Integration Workgroup members shared lessons learned from early implementation, reflecting that uneven understanding of 988 among community-based partners can create confusion and misalign expectations, leading to gaps in response capacity. • Some Workgroup members proposed that training, outreach, and communications to clearly communicate both what 988 currently offers and the long-term vision for 988 could help address these challenges.

D. Integration of 988 and the Continuum of Services

Recommendation D.2. Support connection, coordination, and referrals of 988 help seekers to timely and effective community-based, culturally responsive crisis response, including mobile crisis dispatch, when appropriate.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 Integration Workgroup
D.2.d	Evaluate and propose strategies to support coordination between 988 Crisis Centers and community-based response	CalHHS	DHCS, EMSA, Cal OES, County BH, 988 Crisis Centers, Mobile Crisis Providers, Counties, and Cities	• CalHHS supported the initial development of a coordination toolkit for 988 crisis centers and community-based providers and began gathering tools and case studies contributed by 988 Integration Workgroup members.	• 988 Integration Workgroup members shared insights to help shape these strategies, emphasizing the importance of building and sustaining relationships among system partners and intentionally planning for the staff time and resources needed to maintain those relationships. • Some workgroup members reflected that strategies to support coordination needed to be informed by frontline providers, so they reflect operational realities.
D.2.e	Propose guidelines to support the technology to connect between 988 Crisis Centers and emergency response (Law Enforcement, EMS, Fire)	Cal OES, CalHHS	DHCS, EMSA, Counties, and Cities, 988 Crisis Centers, PSAPS	• CA has initiated this implementation activity. Through AB 988, CA stood up advisory bodies with representation from 988 Crisis Centers and emergency response agencies, among other community partners, and is drafting and reviewing transfer guidelines.	• 988 Integration Workgroup members reaffirmed the importance of this implementation activity and expressed concern about delayed deployment of some functions.

D. Integration of 988 and the Continuum of Services

Recommendation D.3. Continue to assist communities in expanding the range of facilities and services to individuals before, during, and after a behavioral health crisis.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 integration Workgroup
D.3.a	Coordinate efforts to inventory behavioral health services and facilities and assess opportunities to inform state policy for building upon or filling in gaps from existing initiatives	CalHHS	DHCS, CDPH, EMSA, County/ Tribal BH, Tribal/ CBO Partners	• This is a future implementation activity (Years 3-5)	
D.3.b	Develop policy recommendations to increase equitable access to crisis receiving and stabilization facilities (considering potential barriers such as costs, cultural factors, staffing, insurance coverage, acceptance and denial criteria, and other factors)	CalHHS	DHCS DMHC	• This is a future implementation activity (Years 3-5)	

D. Integration of 988 and the Continuum of Services

Recommendation D.3. Continue to assist communities in expanding the range of facilities and services to individuals before, during, and after a behavioral health crisis.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 Integration Workgroup
D.3.c	Develop policy recommendations to address insurance coverage and local sustainability challenges for county and community providers of services that stabilize crisis (See Also Recommendation E.2.)	CalHHS	DMHC, DHCS	• This is a future implementation activity (Years 3-5).	• 988 Implementation Workgroup members re-affirmed that a consistent statewide approach to insurance coverage and long-term sustainability for crisis stabilization services remains a pressing need. • Workgroup members shared lessons learned to help refine future policy recommendations, with some members noting that in addition to reimbursement fixes, local sustainability requires stronger cross-system partnerships and clearer definition of payer roles.
D.3.d	Build on Proposition 1, Behavioral Health Continuum Infrastructure Program (BHCIP), California Advancing and Innovating Medi-Cal (CalAIM), and other initiatives to increase the availability of alternative models including Peer Respite, Sobering Centers, and traditional Crisis Residential Treatment Programs	CalHHS	DHCS, County /Tribal BH	• CA has made progress toward expanding alternative crisis models by aligning BHCIP, Proposition 1, and CalAIM to support peer respites, sobering centers, and crisis residential treatment programs. However, availability of these alternatives in all regions is still a work in progress.	

C. High-Quality 988 Response

Recommendation C.2.: Building on national standards and best practices to ensure trauma-informed, person-centered, and culturally responsive care, establish state-specific standards for staffing and training to equip 988 Crisis Centers to respond to suicide, mental health, and substance use-related 988 contacts.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the 988 Integration Workgroup
C.2.e	Ensure future 988 training standards include training on cultural responsiveness, language access, and other trainings for populations of focus	DHCS	988 Crisis Centers, EMSA ,	• DHCS has developed 988 training standards built on the national guidelines established by Vibrant Emotional Health and hosted multiple technical assistance events and trainings focused on cultural responsiveness, language access and other populations of focus. Examples include webinars and tips sheets developed for crisis counselors to better support Tribes, LGBTQIA+ youth, Spanish-speaking and Hispanic, Latino or Latine 988 help seekers, migrant populations, middle age male help seekers, individuals experiencing homelessness, individuals with intellectual and developmental disabilities, and working with interpreters, among others.	• 988 Integration Workgroup members re-affirmed the importance of this implementation activity, reflecting that the crisis care continuum does not function uniformly for all populations, and training standards that overlook cultural, developmental, and community-specific needs risk undermining trust and effectiveness.

Discussion

- ✓ ***As you look at the examples of progress updates, do they reflect your experience of how things are actually going? Are there places where the progress sounds either further along—or less far—than what you're seeing on the ground?***
- ✓ ***As a PAG member, what is one concrete action you could commit to—within your role or organization—to help move implementation forward?***

Discussion (continued)

- ✓ ***Do the examples of progress updates clearly show the difference between things that are planned versus what's actually been implemented? Where could we be clearer about what is still uneven, delayed, or hard to implement?***
- ✓ ***Looking across all the examples of progress updates, what common challenges or themes stand out? Are there issues—like workforce, funding, or coordination—that you think deserve more emphasis?***

988 Integration DRAFT Toolkit: Example

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
  - 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.

CDPH
California Department of Public Health

MENTAL HEALTH FOR ALL

Final Plan: Behavioral Health Services Act (BHSA) Population-Based Prevention Program Plan

Trudy Raymundo, Office of Policy and Planning
California Department of Public Health (CDPH)

April 29, 2026
988-Crisis Policy Advisory Group

Agenda

CDPH BHSA Final Plan

- An overview

CDPH Statewide Efforts

- Role in 988 Implementation Plan
- Campaigns

Expanding Local Reach

- Funding Opportunities

Next Steps

- Stay Engaged

CDPH BHSA Population-Based Prevention Program

Final Plan Overview

BHSA Population-Based Prevention Guidelines

Population-based prevention programs must:

- Incorporate evidence-based practices or promising community-defined evidence practices
- **Meet one or more of the following:**
  - Benefit the entire population of the state, county, or particular community
  - Serve identified populations at elevated risk for a mental health or substance use disorder
  - Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders
  - Serve populations disproportionately impacted by systemic racism and discrimination
  - Prevent suicide, self-harm, or overdose
- Strengthen population-based prevention strategies led by CDPH

Prevention funding cannot be used for early intervention, diagnostic services, or treatment for individuals.

BHSA Population-Based Prevention Program Guide (Phase 1 and 2)

Provides information related to the Statewide Population-Based Prevention Program.

CDPH released the guide in two parts:

- **Phase 1:** provided information about the BHSA, Population-Based Prevention Program statutory requirements, statewide goals, and state level leadership and alignment activities.
- **Phase 2:** addressed the operational and administrative components to execute activities to achieve intended objectives, goals, and outcomes.
- Both Phase 1 and 2 were guided by community and partner input (including Tribal Consultations).
- Together the **Final Plan** (released in March 2026) covers BHSA Population-based Prevention Strategies beginning in July 2026 for a three-year period including Fiscal Years 2026-2028.

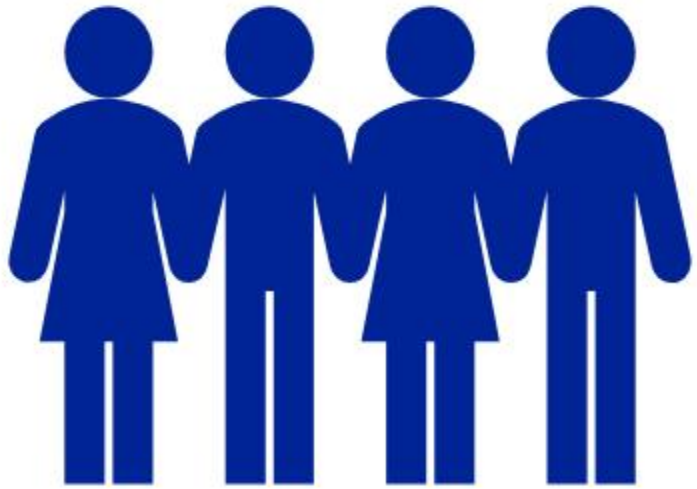
CDPH

BHSA Population-Based Prevention Program Components

Statewide Policy Initiatives	Focused Statewide Behavioral Health Prevention Strategies	Statewide Awareness Campaigns	Prevention Training and Technical Assistance	Community Engagement and Coalition Building	Data and Evaluation
Identify, prioritize, research and address emerging behavioral health issues; respond to novel and emerging substance use or behavioral health threats	Focused set of strategies that advance statewide goals	Campaigns to increase public understanding about mental health and SUD, and addressing stigma reduction	Equipping 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	Robust, authentic community and partner engagement that supports population-based prevention programming development through relationships with and among communities	Robust monitoring and evaluation of population-based prevention activities

Priority Populations for Strategic Investment

- Black, Indigenous, Latino, Asian and Pacific Islander and Middle Eastern populations
- Children, youth, and families
- Immigrant and refugee populations
- LGBTQIA+ populations
- Older adults
- People with Intellectual and Developmental Disabilities
- Tribes
- Veterans



CDPH

CDPH BHSA Population-Based Prevention Program

Statewide Efforts

CDPH Role in 988 Implementation Plan

Goal A: Public Awareness of 988 and Behavioral Health Crisis Services: Increase public awareness of and trust in 988 and behavioral health crisis services.

- CDPH is leading Goal A to increase public awareness
  - **Coordinate** statewide behavioral health crisis communication strategies in consultation with DHCS, EMSA and other state agencies
  - **Engage** key partners in developing and disseminating statewide and regional communications strategies regarding behavioral health crisis services
  - **Monitor** the success and impact of communications strategies

988 Statewide Awareness Campaign

Public Awareness of 988 Suicide and Crisis Lifeline and Behavioral Health Services

- A new statewide campaign to increase awareness and trust of 988 and other behavioral health crisis services
- Advance the goals and efforts of the 988 Plan especially for:
  - 1) populations not reached through national campaigns and/or are distrustful of 988 or other emergency or crisis lines;
  - 2) populations at greatest risk of suicide or other behavioral health crisis;
  - 3) populations that may need or benefit from accommodations.

CDPH BHSA Population-Based Prevention Program

Expanding the Reach of Statewide Efforts

Expanding Reach into Communities

CBOs & Tribes

- Community-defined evidence-based practices
- **Trusted Messenger Grants**
- Regional Policy Research & Development and TTA on Policy, System and Environmental Strategies
- Regional approaches for implementation of Focused Set of Strategies + TTA
- **988 and Behavioral Health Crisis**

Training and Technical Assistance

Statewide technical assistance and training:

- Unique populations
- 988 Crisis Services
- Community-defined evidence-based practices
- Regional Approaches

Tribal Entities

Dedicated carve-out

Honors Tribal sovereignty and provides access to critical resources that have long been denied or limited

CDPH

Trusted Messenger Campaign Program

Beginning with Fiscal Year 2026-27 through 2027-29 CDPH is investing:

- In a Trusted Messenger Campaign Program to award contracts to CBOs and Tribes
- These funds include dedicated funding and support for 988 Crisis Centers *($2M prioritized for the 988 crisis centers)*
- Trusted Messengers are vital in public health and help to:
  - close communication gaps in communities with health disparities
  - foster empathy, understanding, and respect for public health information
  - increase credibility and the likelihood that health messages are heard, trusted, and acted upon.
  - build trust, support better health decisions and improved outcomes

988 Local Assistance Grant Program

988 Suicide and Crisis Lifeline Outreach Campaign Funding Program

- Beginning in Fiscal Year 2027/28 - FY 2028/29, CDPH will award contracts to CBOs and Tribes.
- Goal is to complement the broader statewide awareness and education campaign
  - assist with dissemination and tailoring of messages at the community level
- Local awardees will work to:
  - Assess knowledge, attitudes, beliefs and perceptions about crisis service access
  - Examine barriers and motivators to using crisis services
  - Guide culturally relevant and responsive messaging to promote 988 use during crisis
  - Utilize trusted messengers and community leaders for outreach to specific populations
  - Adapt state 988 messaging to fit local crisis-support networks
  - Expand local dissemination and promotion of 988 and related supports

Dedicated Funding to Tribal Entities

- **Funding available**: Estimated total of **$10M annually** and ongoing dedicated to Tribal entities, beginning July 1, 2026
- **What can be funded:** Flexibility in strategies or components:
  - Adaptation of any of the focused set of **prevention** strategies
  - **Prevention-focused** Community-Defined Evidence Based Practices
  - Expanding use of Crisis Services (Help-seeking behavior) and other culturally responsive supports
  - Dissemination of tailored awareness campaign assets
  - Technical assistance and capacity building

Next Steps and Resources

Ongoing Updates and Community Engagement

- The CDPH BHSA Prevention Program will be **updated regularly** to clarify implementation details and respond to emerging needs and issues
- Ongoing updates will be informed by:
  - **Implementation Workgroup**
    - Provides direct feedback to CDPH
    - Brings forward best practices, emerging issues, and operational challenges
    - Ensures community voice, youth voice, and lived experience perspectives are integrated
  - **Ongoing Community Engagement Activities**
    - Listening sessions, community visits, and partnerships with CBOs and Tribes
    - Helps identify evolving behavioral health needs
- Regular updates and announcements available:
  - **CDPH Transforming Behavioral Health**
  - Sign up for **BHSA email distribution list**

Questions?


CDPH
California Department of
Public Health

Mission Moment

- ✓ **Les Rollakanti, Zero Suicide Initiative- 988 TRG Project Coordinator**
  Riverside-San Bernardino County Indian Health Inc.

- ✓ **Rhyan Miller, Deputy Director Integrated Programs**
  Riverside University Health System


Riverside

Presentation and Discussion

Sustainable Funding Progress Update and Workgroup Reflections

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

Review of Key Themes Suggested by PAG Members

From the 1/28 PAG Meeting: What are the issues you think the Sustainable Funding Workgroup should consider?

1. Ensuring stable, long-term funding for the 988 system.
2. Issues and concerns related to the 988 fund:
   a) Determining whether—and how—to adjust the 988 surcharge to meet current and future demand.
   b) Clarifying how 988 revenues and allocations are governed, including decisions related to the surcharge.
   c) Improving transparency in how 988 funds are set, managed, and distributed.
3. Issues and concerns related to other sources of funding for the 988 system:
   a) Exploring diversified revenue and payment strategies (e.g., all-payer models, commercial plan parity, assessments or taxes).
   b) Braiding and targeting funds— including dedicated funding for Tribal-led programs and mobile crisis services, leveraging downstream cost savings, and using forecasting to plan for 988's continued growth.

Sustainable Funding Workgroup, Members

- Adrienne Shilton, California Alliance of Child and Family Services
- Alexandria Simpson, California Department of Health Care Services
- Amanda Levy, California Department of Managed Health Care
- Amanda McConnell, CalOptima
- Amanda Nugent Divine, Kings View
- Amber Westphal, Lake County Behavioral Health Services
- Anete Millers, California Association of Health Plans
- April Giambra, Lake County Behavioral Health Services
- Ashley Mills, California Department of Public Health
- Austin Trujillo, California Department of Managed Health Care
- Brenda Grealish, Commission for Behavioral Health
- Carli Stelzer, California Behavioral Health Association
- Carmen Katsarov, CalOptima
- Chrissy Andrus, Lake County Behavioral Health Services
- Christie Gonzales, WellSpace Health
- Christine Bagley, California Department of Developmental Services
- Claudia Chavez, Pala Band of Mission Indians
- Doug Subers, California Professional Firefighters
- Erika Cristo, California Department of Health Care Services
- Hernando Garzon, Emergency Medical Services Authority
- Ivan Bhardwaj, California Department of Health Care Services
- Jackie Tompkins, California Department of Aging
- Jacob Ruiz, Riverside University Health System- Behavioral Health
- Jana Lord, Sycamores
- Kasey Suffredini, The Trevor Project
- Keris Jän Myrick, Inseparable (Mental Health Advocacy and Programs)
- Kristin Miller, Riverside University Health System- Behavioral Health
- Le Ondra Clark Harvey, California Behavioral Health Association
- Marika Collins, Didi Hirsch Mental Health Service
- Meenal Gounder, California Department of Health Care Services
- Michelle Cabrera, County Behavioral Health Directors Association
- Narges Zohoury Dillon, Crisis Support Services of Alameda County
- Phebe Bell, California Mental Health Services Authority
- Raven Lopez, County Behavioral Health Directors Association
- Ruben Imperial, Stanislaus County Behavioral Health
- Ruth Drake, Pala Band of Mission Indians
- Saurav Jung Thapa, The Trevor Project
- Sean Johnson, CalVet
- Shari Sinwelski, Didi Hirsch Mental Health Services
- Tara Gamboa-Eastman, Steinberg Institute
- Trudy Raymundo, California Department of Public Health

Reflections from the Sustainable Funding Workgroup

Why this work is important: Sustainable funding isn't about proving that 988 is valuable—that case is already made. It's about making the real costs visible, aligning payment with how crisis care actually works, and giving decision-makers the information they need to fund the system responsibly as demand grows.

1. Decision-makers believe in 988—but may not understand what it truly costs.
2. Demand is growing—and it's not just about volume.
3. The way crisis services are paid for doesn't match how they operate.
4. Reimbursement barriers are real.
5. There is an opportunity to demonstrate downstream cost savings.
6. Funding decisions feel opaque to those doing the work.

E.2. Funding and Sustainability

Recommendation E.2. Continue to implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the Sustainable Funding Workgroup
E.2.a	Convene state entities, organizations, and implementation partners (e.g., California health plans, County behavioral health, and state regulatory agencies) to seek pathways to ensure coverage and reimbursement of essential behavioral health crisis services from payors	CalHHS	DMHC, DHCS, CDI, Health Plans, County/Tribal BH, CBOs	• CA has convened system partners to identify coverage and payment gaps across payors, resulting in growing alignment among state agencies, counties, and health plans on the need for clearer reimbursement pathways for core services.	• While Sustainable Funding Workgroup members expressed appreciation for these convenings, they reflected that additional work is needed to translate alignment into consistent coverage of essential services. • Workgroup members shared lessons learned to inform development of these pathways, observing that current reimbursement models are largely fee-for-service and volume-driven and may not adequately support the standing capacity required for crisis services. Some members reflected that future pathways could align reimbursement structures with the fixed and ongoing costs of maintaining crisis infrastructure, staffing, and readiness.

E.2. Funding and Sustainability

Recommendation E.2. Continue to implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the Sustainable Funding Workgroup
E.2.b	Maximize commercial health plan reimbursement of crisis services through training and technical assistance for health plans, counties, and providers	DMHC	CDI, DHCS, County/Tribal BH, Health Plans	• DMHC has made progress on this implementation activity, developing guidance in consultation with counties and health plans to help counties submit claims. DMHC is also analyzing claims data to understand when and why claims are being denied. • Through DHCS' Medi-Cal Mobile Crisis Training and Technical Assistance Center (M-TAC), DHCS has convened a four-month Breakthrough Series that started in March 2026 for county behavioral health mobile crisis programs on securing commercial insurance payments for mobile crisis response services. DHCS' Breakthrough Series is focused on identifying and solving real-world mobile crisis payment problems with commercial insurance using a collaborative approach emphasizing assessment, billing success, payer clarity and documentation. There are currently 15 counties participating.	• Sustainable Funding Workgroup members expressed appreciation for the initial steps and shared lessons learned to inform further implementation of this activity. Workgroup members reflected that challenges related to billing codes, documentation requirements, claim routing, and payer expectations remain, leading to denials and providers disengaging from billing entirely. • Workgroup members reflected that there may be misalignment between the information payors request in a claim and what it is feasible and appropriate for providers to collect during crisis response, suggesting that there is an opportunity convene crisis service providers and health plans balance the information needs of payors with clinical realities.

E.2. Funding and Sustainability

Recommendation E.2. Continue to implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the Sustainable Funding Workgroup
E.2.c	Maximize Medi-Cal reimbursement of crisis services through training and technical assistance for counties and providers	DHCS	DMHC, Medi-Cal MCPs, County/ Tribal BH	• CA has initiated this implementation activity by providing statewide training and technical assistance to help counties and providers better understand and use Medi-Cal reimbursement for crisis services. Through DHCS guidance and technical assistance, access to billing support has expanded. However, ongoing assistance is still needed to address complexity and limits of Medi-Cal coverage.	
E.2.d.	Maximize reimbursement for crisis services across all public and private payor sources (i.e., federal, state, and local)	CalHHS	DHCS, DMHC, Cal OES	• CA has leveraged Medi-Cal authorities and targeted federal (e.g., federal block grants) and state funding to increase billable services and eligible provider types. These efforts have improved reimbursement within public programs, but there is more work ahead to ensure consistent coverage from private payors and other funding sources.	• Sustainable Funding Workgroup members shared insights to inform future work on this implementation activity, reflecting that current reimbursement structures may fall short of covering the full cost of crisis services, particularly for standby capacity, care coordination, and follow-up. They highlighted the importance of aligning and braiding funding so reimbursement supports both direct service delivery and the fixed infrastructure needed to sustain a reliable crisis response system.

E.2. Funding and Sustainability

Recommendation E.2. Continue to implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the Sustainable Funding Workgroup
E.2.e	Develop and disseminate clear information about funding procedures for 988 Crisis Centers, the process for determining the 988 surcharge fee, and the types of support provided by the 988 State Suicide and Behavioral Health Crisis Services Fund	Cal OES, DHCS	Cal OES, DHCS	• CA has shared information on the methodology for setting the 988-surcharge rate on the Cal OES website, in the AB 988 Five-Year Implementation Plan, and in the CalHHS 988 FAQs. • DHCS continues to work with 988 Crisis Centers to identify operational costs and gather feedback regarding annual funding allocations.	• Sustainable Funding Workgroup members indicated that existing communications materials clearly explain the steps in the surcharge methodology. • Workgroup members offered feedback to strengthen future communications. Some members indicated it would be helpful to have more visibility into the assumptions underlying the 988 appropriation and allocations of 988 funds.
E.2.f	Determine the process and related criteria for how funding from the surcharge fee can be used for mobile crisis teams accessed via telephone calls/texts/chats made to or routed through 988	CalHHS	Cal OES, DHCS		• Sustainable Funding Workgroup members re-affirmed the importance of this implementation activity, emphasizing that mobile crisis teams are central to the 988 vision and reflecting that determining these processes and funding criteria would support long-term planning, reduce uncertainty, and strengthen the sustainability and readiness of mobile crisis services within the 988 system.

E.3 Data and Metrics

Recommendation E.3: Establish data systems and data standards to support monitoring of 988 and the behavioral health crisis care continuum's performance.

Recommendation	Potential Implementation Activities	State Lead(s)	Implementation Partners	Progress Updates (example)	Reflections from the Sustainable Funding Workgroup
E.3.a.	Convene state entities to determine methods and measures to monitor, evaluate, and communicate the performance of the crisis system in the context of California's broader behavioral health transformation effort	CalHHS	DHCS, DMHC, EMSA, Cal OES, HCAI		• Sustainable Funding Workgroup members shared lessons learned to inform development of methods and measures. Some Workgroup members reflected that policymakers/budget decision-makers would benefit from information about the full costs of operating crisis centers and mobile crisis services. • Workgroup members observed that performance monitoring presents an opportunity to illuminate key cost drivers—rising contact volume, increasing acuity, longer chat/text interactions, interpretation needs, workforce training requirements, and evolving accreditation and follow-up expectations—so funding discussions can more closely reflect the operational realities of delivering high-quality crisis services. • Workgroup members reflected that contact-volume metrics could be complemented with measures that reflect outcomes and system impact. For example, tracking downstream outcomes—such as stabilization without escalation, reduced emergency department use, and diversions from law enforcement—could present a more complete performance picture. • Some members reflected that pairing quantitative metrics with qualitative examples could strengthen understanding of return on investment and support more informed funding and budget discussions, particularly if the information is presented in a clear, accessible format for decision-makers.

Discussion

- ✓ ***As you look at the examples of progress updates, do they reflect your experience of how things are actually going? Are there places where the progress sounds either further along—or less far—than what you're seeing on the ground?***

- ✓ ***As a PAG member, what is one concrete action you could commit to—within your role or organization—to help move implementation forward?***

Discussion (continued)

- ✓ ***Do the examples of progress updates clearly show the difference between things that are planned versus what's actually been implemented? Where could we be clearer about what is still uneven, delayed, or hard to implement?***
- ✓ ***Looking across all the examples of progress updates, what common challenges or themes stand out? Are there issues—like workforce, funding, or coordination—that you think deserve more emphasis?***

Discussion

Policy Advisory Group Process- Feedback

Discussion

- ✓ ***What is one thing the PAG does well in bringing people together—and one thing we could change to make participation more useful or meaningful for you?***
- ✓ ***What is one change the PAG could make to better support learning, follow-through, or shared accountability across meetings?***
- ✓ ***Given your experience so far, how valuable has the PAG been in advancing this work—and what would need to change for it to continue being worth the time and effort of this group?***

Action Items and Next Steps

Action Items & Next Steps

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

- Next meeting is **June 10, 2026** 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

- Next meetings are **July 15** and **October 14**.

CalHHS CARE Act Working Group

- Next meetings are **May 13**, **August 12,** and **November 18**.

Action Items & Next Steps

Spring 2026	Contact AB988Info@chhs.ca.gov for questions about the AB 988 Five- Year Implementation Plan. Website on 988: 988 - California Health and Human Services.
Fall-Winter 2026	First annual progress report on 988 implementation will be published by December 2026. Public comment period is planned for September 2026.

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.