










**988-Crisis Policy Advisory Group
(PAG) Workgroup**

Integration of 988 into the Crisis Care Continuum

**Meeting #1
February 24, 2026**

Housekeeping

-  **This event is being recorded:** Audio is now broadcasting. **01**
-  **Audio is provided through your computer speakers or headphones:** Your line is automatically muted. **02**
-  **If you have issues with your speakers and would like to connect by phone:** Click Join Audio under audio settings... **03**
-  **Choose phone call tab:** Dial the desired phone number, and enter Meeting & Participant ID. **04**
-  **Live captioning is available:** Click the CC Live Transcription button to show and hide captions during today's event. **05**
-  **Chat:** The chat will be closed for the purpose of today's meeting. **06**
-  **Need help?** Please type in the Q&A box. **07**



Workgroup Members

- Please make sure your display name is your full name.
- Cameras should be on and mics muted unless speaking.
- Use the “raise hand” function to signal when you would like to speak.
- Use the “Q&A” function to share a written comment or question.

General Public

- Cameras should be off and mics muted for the duration of the meeting, unless you are called to make a public comment at the end.
- Use the “Q&A” function to indicate your interest in making public comment.
- You may also submit a written public comment via the “Q&A” function.



Public Comment Overview

- All public comments—whether written or spoken—will be shared with the 988 Integration Workgroup in the meeting summary.
- If you are NOT a Workgroup member and would like to make a public comment today, please **use the Q&A function** to let us know. We will note your name and call on people who have signed up during the public comment period. Comments will be taken in the order sign-ups are received.
- Each person will have 2 minutes to speak, unless the facilitator adjusts the time to allow more people to comment. We will notify you in advance if the time to speak is adjusted.
- If you have a condition that may require an accommodation (such as additional speaking time), please notify us when you sign up and we will do our best to support your needs.
- 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. Alternatively, you may post your comment to the Q&A and it will be recorded in the meeting minutes.



Welcome

- ✓ Meeting objectives and agenda
- ✓ Workgroup members
- ✓ Public comment process

988 Integration Workgroup, Meeting #1 Objectives

- Understand where priority topics overlap with previous work and identify which areas fit this workgroup's role, scope, and expertise.
- Inform the development of the 2026 Progress Report and advance recommendations from the AB 988 Five-Year Implementation Plan by providing insights on collaborations between 988 and other parts of the system: successes, challenges and barriers, and lessons learned.
- Clarify next steps, including potential topics for the 988 Integration Workgroup Meeting #2.
- Hear public comments.

988 Integration Workgroup, Meeting #1 Agenda

- **10:00 am** Welcome
- **10:10 am** Presentation: Addressing PAG Priorities
- **10:20 am** Discussion: Collaborations, Successes and Challenges, Lessons Learned
- **11:45 am** Action Items and Next Steps
- **11:48 am** Public Comment Period
- **12:00 pm** Adjourn

988 Integration Workgroup, Members

- 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
- Miguel Serricchio, Volunteer
- 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
- Stephen Sparling, California Coalition for Youth
- Tara Gamboa-Eastman, Steinberg Institute



PAG Mutual Agreements

- 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 workgroup 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.

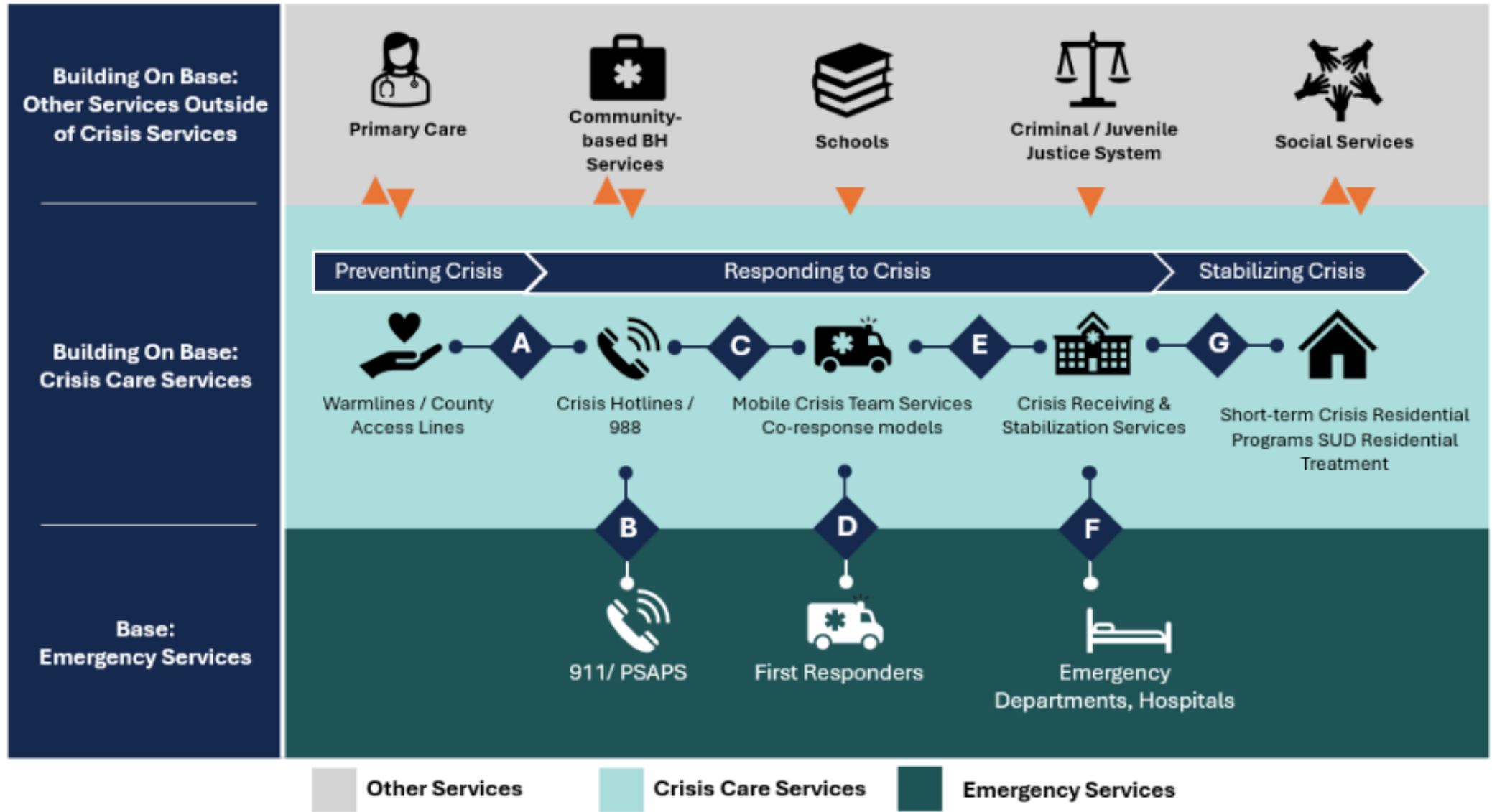
Note: Meetings of the workgroup are open to the public and are subject to Bagley-Keene Open Meeting Act requirements.



Presentation: Addressing PAG Priorities

- ✓ Revisit AB 988 Five-Year Implementation Plan
- ✓ Revisit key themes suggested for 988 Integration Workgroup
- ✓ Align focus areas with workgroup's role, scope, and capacity

Figure 4. Transitions in Care



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.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
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	*	*		
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	*	*	*	*
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	*	*	*	*

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.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
D.2.a	Identify mechanisms to build and sustain 24/7 Medi-Cal Mobile Crisis Teams	DHCS	County BH	*	*		
D.2.b	Identify mechanisms to build and sustain 24/7 all-payer Mobile Crisis Teams	CalHHS	DHCS, County BH, DMHC		*	*	*
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	*	*	*	
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		*	*	
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		*	*	*

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.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
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	*	*		
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			*	*
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			*	*
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	*	*	*	*

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

Potential Focus Areas for 988 Integration Workgroup

Potential activities that align with the suggested key themes, address the AB 988 Five-Year Implementation Plan recommendations, and are within the scope of the 988 Integration Workgroup:

- Propose ideas for a **model MOU packet** that could help improve collaborations between 988 centers, community-based response, and other partners.
- Identify and refine **referral tools** that reflect what matters to help-seekers and families.
- Identify and refine models for **warm handoffs**.
- Propose **workforce indicators** to track workforce health.



Discussion: Lessons Learned from Successes and Challenges

- ✓ Discuss successful collaborations, persistent challenges, and lessons learned

Examples of Successful Collaborations

Riverside County Behavioral Health & Law Enforcement

- Co-response teams (clinician + officer)
- Field-based mobile crisis teams that respond jointly with or in place of police

Nevada County Behavioral Health & Hospitals/EDs

- County deploys clinicians and crisis workers to EDs to provide psychiatric assessments and crisis stabilization

WellSpace 988 Crisis Center, Sacramento County, & Bay Area Community Services

- Community Wellness Response Team provides 24/7 mobile crisis response
- WellSpace 988 Crisis Center to provide warm handoffs to mobile crisis response



Discussion Questions

1. What are additional examples of **successful collaborations** across the crisis care system- such as between 988, local governments, Tribes, providers, community-based organizations, and/or law enforcement?
2. What are persistent **barriers and/or challenges** to effective collaboration between 988 and other parts of the crisis care continuum?
3. What are the **lessons learned** from these successes, challenges, and barriers? How can those lessons help us improve how different parts of the system connect and work together?



Action Items and Next Steps

Action Items

- By **Tuesday, March 10, 2026**, please send us tools (written protocols or policies, MOUs, templates, etc.) that have been useful for collaboration.
- All information from today's meeting will be posted on the CalHHS website on the 988-Crisis PAG webpage: [988-Crisis Policy Advisory Group - California Health & Human Services](#).

Next Steps

- **Upcoming 988-Crisis PAG Workgroup meetings:**
 - Sustainable Funding #1
 - Thursday, March 5, 2026 from 10:00am-12:00pm
 - 988 Integration #2
 - Thursday, March 19, 2026 from 10:00am-12:00pm
 - Sustainable Funding #2
 - Tuesday, April 7, 2026 from 10:00am-12:00pm
- **Potential 988 Integration Workgroup Meeting #2 Topics:**
 - Discuss how to support 911/988 integration
 - Tools to support coordination/collaboration



Public Comment Period

Public Comment Guidelines

- All comments—written or spoken—will be captured in the meeting summary.
- If you prefer, you may email your written comment to the project email address: AB988Info@chhs.ca.gov. You may also post your comment to the Q&A and it will be recorded in the meeting minutes.
- Each speaker is allocated 2 minutes to speak. A speaker may not share or relinquish any remaining time they have not used to another speaker.
- Speakers may share one time during the public comment period.
- We will take as many comments as possible during the 10-minute public comment period. If time runs out, you can share your comment through the Q&A or by emailing it to AB988Info@chhs.ca.gov.
- If time remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
- Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
- Speakers should not ask questions of workgroup members or expect workgroup members to respond to their comments directly.



Public Comment Sign-Ups

1.

2.



Adjourn