

**Building California's Comprehensive 988-Crisis System:  
Draft AB 988 Five-Year Implementation Plan**

## Executive Summary<sup>1</sup>

Following the passage of the Miles Hall Lifeline and Suicide Prevention Act (AB 988) in September 2022, the California Health and Human Services Agency (CalHHS) launched a year-long process to develop a Five-Year Implementation Plan (the Plan) that would help build a comprehensive 988-crisis system in the state.

AB 988 requires the establishment of an advisory group, subsequently named the **988-Crisis Policy Advisory Group (PAG)**, comprised of state and county representatives, service providers, advocates, and community representatives. The PAG, supported by seven interrelated Workgroups, met to develop recommendations for consideration by the state. The recommendations included in the Plan are intended to enhance existing programs and build a comprehensive 988-crisis system that addresses community needs and aligns with federal requirements and national best practices.

AB 988 created the **988 State Suicide and Behavioral Health Crisis Services Fund**, consisting of revenues generated by a telecom surcharge to support 988 Crisis Centers and related mobile crisis teams. The California Office of Emergency Services (Cal OES) administers this fund, managing the surcharge fee and overseeing state technology for 9-1-1-988 interoperability, with advice from the State 988 Technical Advisory Board (TAB). The fee, initially capped at \$0.08 per access line per month, can be increased to a maximum of \$0.30, based on a specified formula.

Strengthening crisis services in California has never been more critical. In 2022, 4,312 Californians died by suicide<sup>2</sup> and 11,002 died due to drug overdose.<sup>3</sup> California, like most other states, has also experienced a significant rise in overdose deaths from the Opioid/Fentanyl crisis.<sup>4</sup> Across the state, more than 2.1 million Californian's visited an emergency department (ED) with a behavioral health concern in 2021. In 2023, one in four Californians (25%) reported that they or someone close to them needed treatment for a serious mental illness (SMI), and

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<sup>1</sup> The Full Plan is available on the following website: <https://www.chhs.ca.gov/home/committees/988-crisis-policy-advisory-group/>

<sup>2</sup> America's Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, [United Health Foundation](#)

<sup>3</sup> California Overdose Surveillance Dashboard. Prepared by California Department of Public Health (CDPH) – Substance and Addiction Prevention Branch (SAPB) – Accessed 11/1/24; Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: <https://www.cdc.gov/nchs/products/databriefs/db491.htm>

<sup>4</sup> The age-adjusted rates of all drug-related overdose deaths in California increased 89% from 2019–2023. Data based on [the California Overdose Surveillance Dashboard](#).

## Building California's Comprehensive 988-Crisis System: Draft AB 988 Five-Year Implementation Plan

one in five (21%) indicated that either they or someone close to them need treatment for substance use or addiction issues.<sup>5</sup>

### California's 988 Crisis Continuum in Context

California's behavioral health crisis systems strive to serve anyone, anywhere, and anytime along a continuum of services that prevent, respond to, and stabilize crisis. The long-term aim of a comprehensive 988-crisis system is to connect individuals who call, text, or chat with community-based providers capable of delivering a full spectrum of crisis care services while also providing help seekers with tools and resources to help prevent future crises.<sup>6</sup>

Central to these efforts is the implementation of the 988 Suicide and Crisis Lifeline (previously known as the National Suicide Prevention Lifeline) as a statewide service and its connection to 9-1-1, community-based crisis response, and stabilization services. The 988 Suicide and Crisis Lifeline is a national network that offers 24/7 call, text, and chat access for help seekers experiencing a behavioral health crisis.<sup>7</sup> Today, 12 California 988 Crisis Centers belong to this national 988 network, which is operated and administered by the Substance Abuse and Mental Health Services Administrator (SAMHSA) and its contracted national administrator.

Calls to California's 9-1-1 system are answered by 450 locally governed Public Safety Answering Points (PSAPs).<sup>8</sup> Connectivity between 9-1-1 and 988 is variable in terms of both technology and available resources. California is working toward establishing and verifying interoperability between 9-1-1 and 988, as required by AB 988.<sup>9</sup>

California is also investing in local mobile crisis response capacity. As of July 2024, the State had funded more than 400 Crisis Care Mobile Units (CCMU) through the Behavioral Health Continuum Infrastructure Program (BHCIP).<sup>10</sup> As of September 2024, the enhanced Medi-Cal mobile crisis services benefit was implemented in 45 counties, covering 97% of all Medi-Cal members statewide.<sup>11</sup> The benefit helps to support county-based mobile crisis response teams that can provide rapid response, assessment, and stabilization to people experiencing

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<sup>5</sup> The [survey](#) defined mental illness as one "that interferes with a person's life and ability to function (examples include bipolar disorder, major depressive disorder, and schizophrenia)" CHCF/NORC California Health Policy Survey (September 18–October 25, 2023).

<sup>6</sup> [988 Key Messages | SAMHSA](#)

<sup>7</sup> [988 Frequently Asked Questions](#)

<sup>8</sup> [911 Master PSAP Registry](#)

<sup>9</sup> [Cal OES Technical Advisory Board website](#)

<sup>10</sup> [BHCIP Crisis Care Mobile Dashboard](#)

<sup>11</sup> Information provided by DHCS as of October 2024

## **Building California's Comprehensive 988-Crisis System: Draft AB 988 Five-Year Implementation Plan**

a behavioral health crisis.<sup>12</sup> Additional community-based crisis response teams and innovative local models – funded at the local level – are also available across the state.

California's behavioral health efforts include significant investments in building the physical infrastructure necessary for individuals in crisis to access care as an alternative to unnecessary emergency room visits. These investments aim to ensure that care is delivered in the least restrictive settings and within the community through a broad range of options.

Building a comprehensive 988-crisis system represents one of the state's strategies to transform the mental health and substance use disorder (SUD) system under the banner of "[Mental Health for All](#)." Mental Health for All is predicated on increased mental health care and substance use treatment; nation-leading BH investments in services, facilities, housing, and workforce; accountability for results; and cross-sector partnerships (including city/county, public/private, local/state, Tribal/county, Tribal/state).<sup>13</sup>

The inclusion of populations who require tailored services and those disproportionately affected by challenges in crisis care delivery is critical in building a comprehensive 988-crisis system. The goal is to support the development of a high-quality, equitable behavioral healthcare system that serves **ALL** Californians.

### **Future Vision and Foundational Principles of a Comprehensive 988-Crisis System**

In May 2023, CalHHS, in partnership with the Behavioral Health Task Force (BHTF), released the **Behavioral Health Crisis Care Continuum Plan (CCC-P)**. The CCC-P sets forth a vision of an equitable, accessible, high-quality behavioral health crisis system – spanning a full continuum of prevention, response, and stabilization services – for all Californians.

Building on that vision, over the course of 11 months, the PAG and interrelated Workgroups provided input into the state of California's current crisis system and what the state should do to address gaps and challenges within it. Additional input was gained through a community outreach and information gathering process that included:

- (1) facilitated focus groups with persons with lived experience and identified populations of focus across the state; and

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<sup>12</sup> [DHCS Mobile Crisis Services](#)

<sup>13</sup> CalHHS, [Mental Health for All: California's Behavioral Health Transformation](#), June 2024

## **Building California's Comprehensive 988-Crisis System: Draft AB 988 Five-Year Implementation Plan**

(2) semi-structured interviews with state and local implementation partners such as county behavioral health departments, 988 Crisis Centers and other help and access lines, community advocates, and providers serving county and tribal communities.

Findings from these efforts are included in the Plan as well as in two associated documents: the [AB 988 Chart Book: An Inventory of Needs, Services and Gaps of the Behavioral Health Crisis System](#) and the [AB 988 Community Engagement Report](#).

PAG discussion included the development of near-term recommendations and a long-term vision for a comprehensive 988-crisis system. Members of the PAG recognize that reaching this vision will take time to implement. Similar to the way 9-1-1 and emergency medical services have grown over the past 50 years, 988 services will also evolve over a longer time period than stipulated in the Five-Year Implementation Plan.

To support the long-term vision, the PAG and Workgroups helped to establish a set of Foundational Principles for a comprehensive 988 crisis system. These principles were shaped by the experiences of members, the legislative aims of AB 988 and the strategic priorities identified in the CCC-P. They are:

1. All Californians, regardless of insurance coverage, location, or other factors (including but not limited to age, race, ethnicity, gender identity, sexual orientation), should have timely access to quality crisis care.
2. Californians should have timely access to 988 through phone, text, and chat 24/7 with contacts answered, whenever possible, in state by 988 Crisis Centers with knowledge of how to connect with local resources.
3. Individuals in crisis should have access to timely therapeutic/ appropriate care (and reduce unnecessary law enforcement involvement where possible).
4. Individuals seeking help should be connected to a crisis care continuum that prioritizes community-based support and focuses on preventing further crises and trauma.

### **Organizing Framework**

The Plan organizes the 14 required recommendation areas identified in AB 988 into four **goals**, four cross-cutting recommendations, and related implementation activities. Each **recommendation** represents statements developed by the PAG about potential state action relevant to AB 988 and the crisis care continuum. **Implementation activities** – as detailed in the Plan – are proposed actions that the state, given its structure and discussion among core departments and implementation partners, has identified as necessary to operationalize the

**Building California's Comprehensive 988-Crisis System:  
Draft AB 988 Five-Year Implementation Plan**

recommendations. These implementation activities, which are set to begin in July of 2025, are included in the Plan with the understanding that they will depend on securing the necessary resources, staffing, and approval processes.

In addition to CalHHS, state entities proposed as lead in select implementation activities include the California Office of Emergency Services (Cal OES), the California Department of Public Health (CDPH), the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), and the Emergency Medical Services Authority (EMSA). Additional state departments have contributed to and reviewed the Plan, among them: the California Department of Insurance (CDI), the California Department of Aging (CDA), the California Department of Developmental Services (DDS), the California Department of Social Services (DSS), and the California Department of Rehabilitation (DOR).

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**Building California's Comprehensive 988-Crisis System:  
Draft AB 988 Five-Year Implementation Plan**

**Vision**



**Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians**

**Goals**



**Cross-Cutting Recommendations**



**(1) Equity, (2) Funding and Sustainability, (3) Data and Metrics, (4) Peer Support**

**Building California's Comprehensive 988-Crisis System:  
Draft AB 988 Five-Year Implementation Plan**

**Goal A: Increase public awareness of and trust in 988 and behavioral health crisis services.**

This goal and the related recommendations and implementation activities focus on the question: ***Will the help seeker know who to call?***

A sizable portion of the population both in California and nationally are not aware of 988 services. As of September 2023, over half of Californians were unaware of 988.<sup>14</sup> Raising awareness of and building trust in 988 and behavioral health crisis services, particularly among populations and communities that may be at a higher risk for suicide, behavioral health or substance use challenges, was viewed as critical to building an effective 988-crisis system. *The PAG made three recommendations:*

**A.1.** The state should coordinate state behavioral health crisis communications strategies, informed by the 988 Suicide and Crisis Lifeline and the Substance Abuse and Mental Health Services Administration (SAMHSA).

**A.2.** The state should engage key partners in developing and disseminating statewide and regional communications strategies regarding behavioral health crisis services including 988 and other support lines (e.g., 211, County Access Lines, CalHOPE Red Line, and other warmlines).

**A.3.** The state should monitor the success and impact of communications strategies.

**Goal B: Establish the systems, inclusive of technology, policies, and practices, to connect help seekers to the appropriate call/chat/text takers.**

This goal and the related recommendations and implementation activities focus on the question: ***Will the help seeker be connected appropriately?***

Ensuring California's 988 system has the necessary infrastructure and technology to meet the needs of a large and diverse population was viewed as critical to the PAG. The PAG recognized the existence of an array of resources that a help seeker in California might contact before, during, or after a crisis, including specialized warm lines, county access lines, mobile dispatch lines, 9-1-1, and state and local hotlines other than 988. A core recommendation area of AB 988 relates to issues of interoperability between 9-1-1 and 988 and connecting help seekers to the most appropriate resource.

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<sup>14</sup> [PPIC Statewide Survey: Californians and Their Government](#), September 2023

## **Building California's Comprehensive 988-Crisis System: Draft AB 988 Five-Year Implementation Plan**

The PAG also recognized that new features – like chat and text – have continued to place staffing and technology demands on 988 Crisis Centers. New rules regarding geo-routing, determined by the Federal Communications Commission, will now require that all calls to the 988 Suicide and Crisis Lifeline be routed by wireless carriers to local call centers, using the caller's approximate physical location, rather than the area code of the caller's phone.<sup>15</sup>

*The PAG made two recommendations:*

**B.1.** The technology should be in place to route 988 contacts safely and efficiently anywhere in California, including to mobile crisis dispatch.

**B.2.** The state should promote coordination and communications across state technology implementation partners to ensure alignment of technology, policy, and practice.

### ***Goal C: Support the 988 system in delivering a high-quality response.***

This goal and the related recommendations and implementation activities focus on the question: ***Will the help seeker receive a high-quality 988 contact?***

Today, California's 12 988 Crisis Centers, in alignment with SAMHSA's standards, provide empathetic listening, emotional support, crisis de-escalation and referrals to local resources to support individuals experiencing suicidal thoughts and other mental health crises. Studies have shown that 95 to 98 percent of 988 calls are resolved over the phone, and that most 988 callers report feeling less depressed or suicidal after calling.<sup>16</sup> The PAG highlighted the need to bolster support for California 988 Crisis Centers, assess current federal standards, and, where necessary, augment standards and scopes of service to meet California's needs.

*The PAG made three recommendations:*

**C.1.** The state should support 988 Crisis Centers in meeting current national standards in preparation for meeting future statewide standards and California's vision for a comprehensive crisis care continuum.

**C.2.** Building on national standards and best practices to ensure trauma-informed, person-centered, and culturally responsive care, the state should 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.

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<sup>15</sup> [FCC Adopts Rules Requiring Georouting for All Wireless Calls to 988](#)

<sup>16</sup> <https://988lifeline.org/professionals/research/>



**Building California's Comprehensive 988-Crisis System:  
Draft AB 988 Five-Year Implementation Plan**

**C.3.** The state should have a process to review, designate, and re-designate California 988 Crisis Centers.

**Goal D: Increase coordination of behavioral health crisis services.**

This goal and the related recommendations and implementation activities focus on the question: **Will the help seeker have access to immediate and ongoing care?**

Behavioral health crises encompass a wide range of situations, with many different potential points of entry into the continuum of care and possible transitions in care. The PAG recognized that properly connected and coordinated crisis services can offer timely services in the least restrictive setting, reduce unnecessary use of emergency departments and hospitals, and reduce unnecessary law enforcement involvement in mental health and substance use crises. They also recognized the importance of integration with a range of State investments across the crisis care continuum from prevention to response to stabilization.

*The PAG made four recommendations:*

- D.1.** The state should 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.
- D.2.** The state should support connection, coordination, and referrals of 988 help seekers to timely and effective community-based, culturally competent crisis response, including mobile crisis dispatch when appropriate.
- D.3.** The state should continue to assist communities in expanding the range of facilities and services to individuals before, during, and after a behavioral health crisis.
- D.4.** The state should develop more options or expand existing options for transporting individuals in crisis to a safe place to be.

**Four cross-cutting recommendations – equity, funding and sustainability, data and metrics, and peer supports – represent areas that impact the design and implementation of activities within each of the four goal areas.**

**E.1. Equity** – The state should prioritize inclusion and equity in crisis care service delivery for populations that may be at elevated risk for behavioral health crisis, experience discrimination and prejudice, and need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability, or unique cultural and/or linguistic needs.

## **Building California's Comprehensive 988-Crisis System: Draft AB 988 Five-Year Implementation Plan**

California envisions an equitable behavioral health crisis system that can serve anyone, anywhere, anytime. Achieving equity in the behavioral health crisis system requires addressing complex issues that disproportionately affect populations at elevated risk for behavioral health crisis, experience discrimination and prejudice, and have unique cultural and/or linguistic needs.<sup>17</sup> Ensuring equitable access was raised repeatedly in the focus groups, as well as in Workgroup and PAG discussions and in interviews and conversations as part of the Comprehensive Assessment. Each goal and cross-cutting recommendation include approaches to embed equity into crisis care.

**E.2 Funding and Sustainability** – The state should 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.

Sustainable funding sources are essential to maintain an effective and high-quality crisis system. AB 988 provides a dedicated funding source for 988 Crisis Centers and for mobile crisis teams accessed through 988. Further efforts are needed to develop a transparent funding process, including a clear process for mobile crisis teams to access these funds.

The PAG made clear that reimbursing crisis services beyond the initial 988 contact is essential for the financial sustainability of California's crisis system. Since individuals with various insurance types rely on the crisis system, it is critical that all insurance types provide reimbursement of behavioral health crisis services.

**E.3. Data and Metrics** – The state should establish data systems and data standards to support monitoring of 988 and the behavioral health crisis care continuum's performance.

The PAG discussed a variety of data to inform 988-crisis system performance, including existing key performance indicators submitted by 988 Crisis Centers as part of their existing contract with Vibrant, the national administrator. The PAG recommended that the state develop and maintain a public-facing 988 data dashboard that would appropriately support monitoring and accountability of the 988-crisis system.

**E.4. Peer supports** – Peer support should be integrated across the crisis care continuum to support person-centered, culturally responsive, and recovery-oriented care.

Peer supporters are role models for recovery who are uniquely able to promote hope and bring a shared understanding to people who are experiencing crises at every access point across the crisis continuum. Operationalizing this recommendation includes increasing

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<sup>17</sup> [https://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS\\_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf](https://www.chhs.ca.gov/wp-content/uploads/2023/08/CalHHS_Behavioral-Health-Crisis-Care-Continuum-Plan.pdf)

## **Building California's Comprehensive 988-Crisis System: Draft AB 988 Five-Year Implementation Plan**

consumer and provider awareness of the availability of peer support in behavioral health crisis services, exploring opportunities for increased engagement and integration of peer roles in settings across the crisis care continuum, gathering county- and state-level data on the prevalence of peer supports, and promoting training and supervision resources to support the ongoing development and advancement of Peer Supporters.

### **Summary**

California is in the process of transforming its approach to behavioral health. The goal is to take proactive, upstream action to prevent behavioral health challenges from the outset, while also delivering high-quality care to those who are the most vulnerable and high-risk.

The goals, recommendations, and implementation activities in the Plan mark a significant step toward this goal and achieving California's vision of a comprehensive crisis care continuum – a system that aims to provide Californians with consistent, high-quality, equitable, and accessible resources for preventing, responding to, and stabilizing behavioral health crises. Pending available resources, CalHHS will work toward implementing and improving the Plan, continuously identifying challenges, opportunities, and solutions to improve California's crisis care system.

Building a comprehensive 988-crisis system is a key component of California's broader behavioral health transformation efforts and aligns with CalHHS's strategic priority to "Build a Healthy California for All." California has invested billions in resources to strengthen the continuum of community-based care options for Californians living with the most significant mental health and substance use needs, including but not limited to:

- Proposition 1 (The Behavioral Health Services Act and Behavioral Health Bond)
- [California Advancing and Innovating Medi-Cal \(CalAIM\) initiative](#)
- [California Behavioral Health Community-based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) demonstration proposal](#)
- [Children and Youth Behavioral Health Initiative \(CYBHI\)](#)
- [Medi-Cal Mobile Crisis Services Benefit](#)
- [Community Assistance, Recovery and Empowerment \(CARE\) Act](#)
- [Behavioral Health Bridge Housing](#)
- [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#)
- [Compliance and enforcement of mental health parity.](#)

Equity is a cornerstone of CalHHS's work. The agency strives to embed equity throughout its programs, including those listed above, to address persistent and systemic inequities rooted in historical and structural factors. CalHHS prioritizes listening to the individuals and

**Building California's Comprehensive 988-Crisis System:  
Draft AB 988 Five-Year Implementation Plan**

communities it serves to better understand their needs and aspirations for improving their communities. Doing so helps CalHHS formulate better policies, programs and services.

CalHHS is committed to delivering programs and services that produce tangible and meaningful results. Through ongoing evaluation and adaptation, CalHHS aims to better address unmet needs while advancing its goal of achieving positive outcomes for all Californians.

Together these efforts and initiatives will help CalHHS fulfill its mission to create a healthy, vibrant, inclusive California where everyone can live, play, work and learn.

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