Draft for public comment

988-Crisis System Progress Update

California Health and Human Services Agency

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Many thanks to all who have contributed to the content of this report, too numerous to list in totality, including members of the California Health and Human Services (CalHHS) 988-Crisis Policy Advisory Group, state departments, local implementation partners, 988 Crisis Centers, and behavioral health and crisis response providers.

This is to acknowledge that this first annual update of AB 988 implementation progress is limited in timespan and scope, covering the first year of implementation as outlined in the AB 988 Five-Year Implementation Plan, Building California's Comprehensive 988-Crisis System: A Strategic Blueprint. California is now embarking on a new chapter of 988-crisis system implementation, as SB 173 was signed into law in September 2026, amending AB 988, the Miles Hall Lifeline and Suicide Prevention Act (Chapter 747, Statutes of 2022). SB 173 updates the responsibilities of several state departments, including CalHHS. The legislation also requires that CalHHS includes specific information in its annual updates to report on the implementation status of 988 on its public internet website until December 31, 2029. Future annual updates will report on:

- Progress toward statewide interoperability between 988 and 911.
- Progress toward statewide integration between 988 centers and mobile crisis teams.
- Statewide answer rates for calls, text messages, and chats.

The 2026 annual update will not reflect these changes but does provide a strong and transparent foundation. In the coming years annual updates will provide critical information to assist California in building a comprehensive, equitable, and accessible 988 crisis care continuum. We thank our implementation partners, experts, and advocates for their dedicated time and effort supporting this and future updates.

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1. Executive Summary

The launch of the 988 Suicide and Crisis Lifeline in 2022 created an opportunity to transform how California responds to behavioral health crises. Through the Miles Hall Lifeline and Suicide Prevention Act (AB 988), California committed to building a comprehensive crisis system that connects people experiencing mental health, substance use, and suicidal crises with timely, compassionate support. The AB 988 Five-Year Implementation Plan, Building California's Comprehensive 988-Crisis System: A Strategic Blueprint (the Five-Year Plan), provides the roadmap for achieving that vision.

California's eleven 988 Crisis Centers answered over 620,000 calls, texts, and chats between July 2025 and June 2026, including approximately 498,920 calls, 61,275 texts, and 33,389 chats. Call answer rates averaged 86% during this period; answered chats and texts averaged 37%. More than 94% of help-seekers who connected with a crisis counselor did not require emergency intervention or mobile crisis response. Fewer than 1% of help-seekers required law enforcement involvement. These results reinforce a message emphasized by PAG members: for most help-seekers, 988 is the primary intervention, providing support, de-escalation, and connection without the need for law enforcement involvement.

(988 Suicide & Crisis Lifeline administrative data, California crisis centers, July 2025-June 2026. Data provided by Vibrant Emotional Health, administrator of the 988 Suicide & Crisis Lifeline)

This document highlights California's progress from July 2025 through June 2026. During this period, system partners built key components of California's crisis continuum: they expanded public awareness of 988, made some improvements to the statewide technology infrastructure, provided support for the 988 Crisis Center workforce, developed initial data and monitoring capabilities, and worked to improve access to crisis care for historically underserved

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communities. During Fiscal Year (FY) 2025-26, California's 11 988 Crisis Centers answered nearly 600,000 calls, texts, and chats, up from over 430,000 contacts in FY 2024-25, demonstrating both the growing demand for crisis services and the important role 988 plays in supporting Californians during times of need.[1]

A core component of AB 988 implementation has been the 988-Crisis Policy Advisory Group (PAG), which brings together representatives from across the crisis care continuum to advise the state on implementation challenges, opportunities, and priorities.

As California continues implementing the Five-Year Plan, the work ahead may include efforts to strengthen coordination across the crisis continuum, advance data and reporting capabilities, and improve the accountability and transparency of the crisis system. The state intends to continue work already underway to support the long-term sustainability of crisis services, including updating the methodology for allocating 988 funding, improving reimbursement for crisis services, and responding to changes in the federal funding landscape. Recognizing the barriers many Tribal members and Urban Indians continue to face in accessing behavioral health crisis services, the state also plans to continue engaging with Tribal governments and organizations serving Urban Indians.

Building a comprehensive crisis system is a long-term effort. The progress made over the past year provides a strong foundation for continued implementation, while lessons learned have helped clarify where attention may be needed next. By continuing to strengthen both the services available to Californians and the connections between them, California is moving

[1] Vibrant Emotional Health, *988 Suicide & Crisis Lifeline State-Based Monthly Reports (California), July 2024-June 2025*, available at https://988lifeline.org/professionals/our-network/state-based-monthly-reports/ (accessed Aug. 13, 2026).

closer to a crisis system that is coordinated, equitable, and capable of helping people access the right support at the right time, regardless of where they enter the system.

2. Introduction

2.1. CONTEXT

The 988 Suicide and Crisis Lifeline launched nationwide in July 2022, creating a three-digit number for individuals seeking support during mental health, substance use, or suicidal crises. In California, implementation of 988 has been part of a broader effort to strengthen the behavioral health crisis system. California's vision is that 988 Crisis Centers serve as an entry point to a system that also includes mobile crisis teams, crisis stabilization programs, peer support services, and connections to ongoing care. The goal is to ensure that Californians experiencing behavioral health crises receive timely, compassionate, and therapeutic support in the least restrictive setting possible.

California advanced this vision through AB 988. The law is named in honor of Miles Hall, a 23-year-old Black man experiencing a mental health crisis who was fatally shot by police in Walnut Creek after his family called 9-1-1 for help. His tragic death catalyzed change in California, highlighting the consequences of a crisis response system that too often left families with few options beyond law enforcement during behavioral health emergencies. The advocacy of the Hall family and others helped galvanize support for a new approach—one that prioritizes care over criminalization and connects people in crisis with trained behavioral health professionals.

Recognizing that effective crisis response requires coordination across multiple sectors, AB 988 mandated the California Health and Human Services

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Agency (CalHHS) to establish the PAG, bringing together representatives from state and local government, Tribal partners, behavioral health providers, 988 Crisis Centers, advocates, community organizations, first responders, and individuals with lived experience. The PAG played a central role in developing recommendations for implementing California's vision. Today, the PAG continues to advise on implementation and elevate emerging challenges and opportunities. It has also created new opportunities for partnership: for example, following the federal discontinuation of the national LGBTQ+ youth specialized service "Press 3" in 2025, California partnered with The Trevor Project to expand LGBTQ+ affirming training for 988 crisis counselors statewide.

To guide the development of this system, CalHHS submitted to the Legislature the AB 988 Five-Year Implementation Plan. The Five-Year Plan establishes a roadmap for strengthening crisis response infrastructure, expanding access to services, improving system integration, advancing equity, and supporting long-term sustainability.

AB 988 requires CalHHS to post updates on implementation at least annually through December 2029. This progress update provides an overview of California's efforts to implement the Five-Year Plan from July 2025 through June 2026. It highlights key accomplishments, ongoing implementation activities, and emerging priorities for future action. The progress update is intended to inform state policymakers—including the Legislature and Governor's Office—as well as providers, local governments, advocates, system partners, and members of the public about California's progress toward building a comprehensive 988-crisis system that meets the needs of all Californians.

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3. Progress Update

This section highlights selected recommendations and implementation activities from the Five-Year Plan where the state and California's 988 Crisis Centers made notable progress between July 2025 and June 2026. It also describes activities planned for FY 2026-27. Because of the timing of publication, some activities identified as planned may already be underway or partially implemented by the time this report is released, while others may remain in the planning phase.

The section is organized according to the goals and recommendations in the Five-Year Plan. To keep the progress update concise and focused, it highlights implementation activities where meaningful progress has occurred or where significant implementation is anticipated in the coming fiscal year. It does not comprehensively describe all implementation activities in the Five-Year Plan, including activities that are scheduled for later years or where substantial implementation has not yet occurred.

While this document focuses on progress by state agencies and 988 Crisis Centers, other partners across California's crisis care continuum, including counties, mobile crisis response providers, community-based organizations, Tribes, and health care providers, have also contributed to implementation progress.

Readers should refer to the Five-Year Plan for the complete list of recommendations and implementation activities.

3.1. GOAL A. PUBLIC AWARENESS OF 988 AND BEHAVIORAL HEALTH CRISIS SERVICES

Recommendation A.1. Coordinate Statewide Behavioral Health Crisis Communications Strategies

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This recommendation supports a coordinated statewide communications approach to increase awareness, understanding, and trust in 988 and other behavioral health crisis services. Implementation activities include reviewing existing behavioral health communications to identify opportunities to incorporate 988 messaging, identifying priority audiences with a focus on populations at elevated risk of behavioral health crises and underserved communities, developing clear and accessible information about when and how to use 988 and what individuals can expect when they use the service, and engaging trusted messengers and communication channels to support culturally responsive outreach and education.

Progress to Date

- The California Department of Health Care Services (**DHCS**) conducted a statewide 988 awareness campaign from September 2025 through January 2026 to reach diverse audiences across California. DHCS prioritized outreach to populations at high risk—including young men and boys, Tribal members, and Urban Indians—and translated billboard materials into California's five most commonly spoken non-English languages: Vietnamese, Chinese, Tagalog, Spanish, and Korean. Communications strategies included traditional and digital outdoor billboards and advertising in shopping mall lobbies, food courts, and movie theaters. DHCS co-developed the Tribal 988 awareness campaign in partnership with the California Consortium for Urban Indian Health. The campaign was designed to reflect Native cultures, values, and approaches to wellness. The campaign featured artwork by Native artist Monica Zavala and culturally relevant messaging designed to increase awareness of 988 and behavioral health crises for the Tribal community. **DHCS** tracked campaign performance and is collaborating with state agencies, 988 Crisis Centers, and other partners to assess and prepare for potential effects on 988 service capacity.

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DHCS Billboard Campaign for 988.

What's Coming in 2026-2027

- **DHCS** plans to expand the 988 awareness campaign with advertisements on streaming radio platforms, complementary social media content, and a dedicated 988 website. **DHCS** also plans to translate a 988 flyer and posters into additional languages, including Arabic, Armenian, Hindi, Khmer/Cambodian, and Russian, and may place billboard advertisements at sporting venues.
- With anticipated funding from the Behavioral Health Services Act (BHSA), **CDPH** plans to conduct a statewide landscape assessment of existing public awareness campaigns and formative research with populations disproportionately impacted by suicide and behavioral health crises.

This research will also evaluate which communication channels are most effective for reaching priority populations.

Recommendation A.2. Engage Key Partners in Developing and Disseminating Communications Strategies

This recommendation seeks to increase awareness, understanding, and use of 988 and other behavioral health crisis services, but it is different from the previous recommendation because it leverages trusted community relationships and culturally-responsive outreach. Key implementation activities include engaging priority populations and individuals with lived experience to inform message development and outreach strategies and providing community-based organizations, Tribal partners, educational institutions, peer counselors, and other trusted messengers with the tools and resources needed to share consistent, locally relevant information within their communities.

Kern County 988 crisis center

Kern County's 988 outreach strategy focuses on increasing awareness, trust, and early use of crisis services, particularly among communities that may face barriers to care or be at elevated risk for behavioral health crises. Outreach targets rural, multilingual, and underserved populations, as well as groups disproportionately impacted by suicide and behavioral health challenges. Through partnerships with trusted community organizations and institutions, Kern County promotes understanding of what 988 is, when to use it, and what individuals can expect when they reach out for support. Success is measured not only by awareness, but also by increased confidence in seeking help before a crisis becomes an emergency.

Progress to Date

- Over the past year, **988 Crisis Centers** conducted outreach to educate people about 988—including what to expect when help-seekers

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contact 988. **988 Crisis Centers** reported targeted engagement with several target populations, including:

  - Black and other People of Color
  - Disaster survivors
  - English Language Learners
  - Immigrant communities
  - LGBTQ+ individuals
  - Men
  - Older adults
  - People experiencing homelessness
  - People who have experienced suicide loss and suicide attempt survivors
  - Rural communities
  - Tribal members and Urban Indians
  - Veterans
  - Youth, including youth in foster care

- **988 Crisis Centers** used outreach strategies and messaging tailored to the needs of their target populations; for example, **988 Crisis Center** representatives gave presentations in classrooms and used digital tools—such as social media—to reach young people. Other targeted engagement tools included community workshops, public events, social media campaigns, faith-based partnerships, and collaborations with healthcare providers and community organizations.
- Two **988 Crisis Centers** reported that they formed partnerships with community-based organizations to extend their community engagement. For example, the Felton 988 Crisis Center described engaging community through spaces that felt safe to their target populations (e.g., a pride center, local coffeehouse, and teen drop-in

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space). Buckelew Programs 988 Crisis Center provides their community-based partners with outreach materials and toolkits.

What's Coming in 2026-2027

- With anticipated funding through the FY 2026-27 budget appropriation, **CDPH** plans to launch a multi-year Trusted Messenger Campaign Program and a 988 Suicide and Crisis Lifeline Outreach Funding Program to support outreach and engagement through community-based organizations, Tribal governments, Tribal organizations, and organizations that serve Urban Indians and other Native American populations. Through funding, training, technical assistance, and other implementation support, **CDPH** will partner with trusted organizations to adapt and disseminate culturally responsive 988 messaging, increase awareness of behavioral health crisis resources, strengthen community trust, and reach populations that may be less likely to engage with traditional behavioral health systems.

Recommendation A.3. Monitor the Success and Impact of Communications Strategies

To support continuous improvement, this recommendation calls for a framework to evaluate 988 outreach and communications. Key activities include developing metrics that can be used to track changes in awareness, perceptions, and behaviors related to 988 and other behavioral health crisis services and assess the effectiveness of communications strategies over time.

Progress to Date

- **DHCS** tracked the reach of its 988 billboard campaign by collecting data on the number of impressions generated.
- **988 Crisis Centers** have also been gathering information that may help inform future evaluation. Several **988 Crisis Centers** reported tracking

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engagement through community presentations, outreach events, social media, website resources, and public education activities.

What's Coming in 2026-2027

- **CDPH** plans to develop a statewide evaluation framework that will support monitoring and assessment of its statewide communications campaign and Trusted Messenger Campaign Program**.**

3.2. GOAL B. STATEWIDE INFRASTRUCTURE AND TECHNOLOGY

Recommendation B.1. Support the Technology That Connects 988 Help-Seekers with Crisis Services Anywhere in California

This recommendation supports the technology needed to connect individuals with appropriate crisis services and improve coordination across the behavioral health crisis continuum. Key implementation activities include building interoperable technology infrastructure across 988 Crisis Centers and crisis response providers; providing tools to facilitate connections to mobile crisis response and community-based crisis services; and upgrading the state technology platform to improve routing, coordination, and overall system functionality.

Progress to Date

- The California Governor's Office of Emergency Services (**Cal OES**) piloted a call handling and customer records system for voice contacts at one 988 Crisis Center. The system is designed to improve the routing of 988 voice calls to the most appropriate responder while enabling information about the help-seeker to be securely documented and shared, as appropriate, across participating organizations to support care coordination. The pilot crisis center continues to work with the vendor to refine and enhance system functionality.

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- **Cal OES** implemented statewide technology improvements, including the ability to transfer calls using 10-digit dialing and support geo-routing for all voice calls based on the help-seeker's location.
- **CalHHS** facilitated coordination among implementation partners to improve the ability of California's 988 network to respond to calls statewide, address operational challenges associated with the implementation of 988 as the nationwide crisis hotline number, and support more accurate routing of Californians to local crisis resources and services.
- Several **988 Crisis Centers** implemented new technology to strengthen coordination with local crisis response systems. Examples include technology tools that support referrals, warm handoffs, follow-up care, and stronger connections with behavioral health access lines and mobile crisis dispatch services.
- **988 Crisis Centers** continue to expand phone, text, and chat services to improve access to crisis support across diverse geographic regions.

What's Coming in 2026-2027

- **Cal OES** plans to work with the Substance Abuse and Mental Health Services Administration (SAMHSA) to pilot the call handling and customer records system for 988 text and chat contacts and expand its use across additional **988 Crisis Centers**.
- **Cal OES** will continue to comply with 988 text routing procedures and support enhancements to text message geo-routing capabilities, which will enable text contacts to be directed to the appropriate crisis center based on the individual's location.

Recommendation B.2. Align Technology with Policy and Practice to Support Seamless Coordination Across Systems

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This recommendation supports technology-enabled coordination across 988 and other crisis service access points, as well as other parts of the behavioral health crisis continuum, such as Mobile Crisis Teams. Key implementation activities include reviewing and refining transfer criteria between 9-1-1 and 988 and developing guidance and policies to support effective, bi-directional transfers between 988 and other crisis services and helplines.

Progress to Date

- **The 9-8-8/9-1-1 Interfacing Workgroup** (the Interfacing Workgroup) of the State 988 Technical Advisory Board drafted transfer guidelines and established procedures for transferring calls between 988 and 9-1-1. The draft guidelines outline when and how to initiate transfers, along with related considerations such as policies and Memoranda of Understanding.[2]
- Ten **988 Crisis Centers** established warm handoff procedures with county behavioral health access lines, mobile crisis teams, 211 providers, and other community resources. (Note that these procedures reflect local practices reported by individual 988 Crisis Centers and do not represent statewide standards or endorsed protocols.) All 11 **988 Crisis Centers** noted ongoing efforts to improve referral systems to support continuity of care and reduce barriers for help-seekers

What's Coming in 2026-2027

- The **Interfacing Workgroup** of the 988 Technical Advisory Board will continue refining 9-1-1/988 transfer guidelines in consultation with Cal OES.

[2] To access the most current version of the draft 9-1-1/9-8-8 Transfer Recommendations, visit https://www.caloes.ca.gov/office-of-the-director/operations/public-safety-communications/ca-9-1-1-emergency-communications-branch/ca-9-8-8-information/.

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3.3. GOAL C. HIGH-QUALITY 988 RESPONSE

Recommendation C.1. Support 988 Crisis Centers in Meeting National Standards

This recommendation addresses the capacity of 988 Crisis Centers to meet current national standards and future statewide expectations. Key implementation activities include assessing current staffing capacity, projecting future staffing needs to support growing demand, and identifying workforce gaps.

Progress to Date

- **DHCS** implemented a data collection and reporting framework to monitor statewide 988 trends, assess workforce needs, guide training and technical assistance, and identify resources needed to support growing demand. As part of this framework, **988 Crisis Centers** are contractually required to track and report key performance indicators and implement quality assurance practices that help protect help-seekers, promote consistency in service delivery, and uphold 988 operational and clinical standards and best practices.
- In collaboration with 988 Crisis Centers, **DHCS** used the performance data to assess staffing needs, identify resource gaps, and develop projections for future service demand, including workforce requirements needed to meet key performance indicators as contact volume grows. These projections also helped **DHCS** address operational challenges and improve system capacity.
- **DHCS** also used performance data to identify technical assistance needs. For example, **DHCS** provided training and technical assistance to **988 Crisis Centers** to improve staff retention, support the overall wellness of crisis counselors, and address compassion fatigue and burnout.

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- **988 Crisis Centers** reported ongoing monitoring of call, text, and chat volumes to inform staffing decisions and workforce planning. Several **988 Crisis Centers** implemented forecasting methods, shift-based staffing analyses, and leadership assessments to better anticipate service demand.
- In response to the federal discontinuation of the 988 LGBTQ+ Youth Specialized Services ("Press 3") option, **CalHHS** partnered with The Trevor Project to help 988 crisis counselors support LGBTQ+ youth and young adults. The Trevor Project conducted more than 80 virtual training sessions for staff from 11 California 988 Crisis Centers, reaching over 500 voluntary participants. Post-training surveys as of June 30, 2026 indicated strong results, with 100% of participants reporting the training was useful, 99% reporting increased knowledge of mental health considerations, 99% reporting increased understanding of LGBTQ+ identities, and 99% indicating they were likely or very likely to recommend the training to colleagues. The Trevor Project recently launched a similar partnership in Illinois and is exploring opportunities to expand this training model to additional states, demonstrating California's role in pioneering an approach to strengthening LGBTQ+-affirming crisis response capacity within the 988 system.

What's Coming in 2026-2027

- **DHCS** will continue collaborating with **988 Crisis Centers** to maintain consistent data collection and reporting; assess staffing and resource needs, project future demand, and identify strategies to maintain quality of care as 988 contact volume grows.
- **DHCS** will continue to evaluate and enhance trainings and technical assistance to support crisis counselor well-being and retention.
- **CalHHS** plans to provide continued access to LGBTQ+ competency training for 988 crisis counselors developed in partnership with The

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Trevor Project. Recorded training modules will remain available through June 2027, providing continued opportunities for crisis counselors to strengthen cultural responsiveness and improve support for LGBTQ+ help-seekers.

Recommendation C.2. Establish State-Specific Staffing and Training Standards for 988 Crisis Centers

This recommendation builds on national standards and best practices to establish statewide staffing and training expectations for 988 Crisis Centers. These expectations are intended to support trauma-informed, person-centered, and culturally-responsive care. Key implementation activities include establishing statewide training standards and guidance for transfers between 9-1-1 and 988, including medical triage and warm handoffs, in alignment with national best practices and the needs of Californians.

Progress to Date

- **DHCS** aligned staffing and training standards with national 988 Lifeline guidelines, statewide data trends, and feedback from **988 Crisis Centers.**

What's Coming in 2026-2027

- **DHCS** will continue collaborating with **CalHHS** and **988 Crisis Centers** to align staffing standards with national guidelines and statewide trends.
- The 2026 Budget Act includes a one-time appropriation of $203,000 in 2026-27 from the 988 Fund to support development of statewide guidance on behavioral health crisis response for local Emergency Medical Services Agencies. Using this appropriation, the California Emergency Medical Services Authority (**EMSA**) has begun recruitment for a limited-term position to support these activities.

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Recommendation C.3. Establish a Process to Review, Designate, and Re-Designate California 988 Crisis Centers

While SAMHSA has established minimum standards for participation in the 988 Lifeline network, California's diverse population, varying regional needs, and complex system require a more state-specific framework for validating that 988 Crisis Centers can meet the needs of the communities they serve. Recommendation C.3 calls for establishing a process for evaluating 988 Crisis Center capacity, performance, and alignment with statewide expectations. The evaluation process should also support ongoing assessment of network performance and expansion of the network as needed to improve local access to crisis services.

Progress to Date

- **DHCS**—in collaboration with **CalHHS**—developed a framework to guide the establishment of a formal process for designating existing **988 Crisis Centers** and adding new centers to California's 988 network. The framework outlines components of the future process, including eligibility criteria, application procedures, staffing and training standards, clinical and triage protocols, quality measures, and performance requirements for designated **988 Crisis Centers**.

What's Coming in 2026-2027

- **DHCS** will begin engaging stakeholders to develop the formal process for designating **988 Crisis Centers**.

3.4. GOAL D. INTEGRATION OF 988 AND THE CONTINUUM OF SERVICES

Recommendation D.1. Coordinate Behavioral Health Systems and Partners to Connect Individuals in Crisis to Care

Key implementation activities include supporting 988 development and maintenance of resource directories so 988 Crisis Centers have current information on local response options and places of care and aligning

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coordination efforts with technology solutions that facilitate communication and service connections across partners.

Progress to Date

- **DHCS** developed and maintains a statewide resource and referral database in partnership with California's 11 **988 Crisis Centers**. The database provides **988 Crisis Centers** with real-time information on available crisis services to support referrals and care coordination. Examples of these resources include local mobile crisis services, community clinics, crisis stabilization, substance use treatment, and community resources to address basic needs. Throughout the year, **DHCS** worked with each **988 Crisis Center** to develop the directory, and will continue to work with the **988 Crisis Centers** to keep the resource directory accurate and up to date.

What's Coming in 2026-2027

- **DHCS** will continue to maintain and update the resources directory. As needed, **Cal OES**'s contractor can connect the 988 resource and referral database to the call handling and customer records system, once it is deployed to the other **988 Crisis Centers**. 988 Crisis Centers will be able to access referral data through the call handling system, but the database will continue to be maintained separately.

Recommendation D.2. Support Connections and Referrals from 988 to Community-Based Crisis Services

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This recommendation supports California's vision for a coordinated behavioral health crisis continuum by strengthening connections between 988 and community-based crisis services. National studies have found that 95 to 98 percent of 988 calls are resolved over the phone.[3] For help-seekers who need additional support, California's behavioral health crisis continuum includes Mobile Crisis Teams to provide on-the-ground support, assess individual needs, help stabilize crises, and connect people to appropriate services and recovery supports. Depending on local needs and available resources, other crisis response services—such as co-response teams that include first responders and behavioral health professionals—may also be available to provide on-site support. Key implementation activities include assessing gaps in crisis response capacity; identifying strategies to build and sustain 24/7 Mobile Crisis Teams for both Medi-Cal members and individuals with private insurance; strengthening coordination between 988 Crisis Centers and community-based providers to support timely referrals, connections to services, and ongoing care coordination; and proposing guidelines to support the technology needed to connect 988 Crisis Centers with emergency response.

San Ramon Valley Fire: 9-1-1 Diversion Model

A local fire agency implemented protocols to identify behavioral health calls and transfer them to 988, resulting in measurable reductions in hospitalization and incarceration.

Progress to Date

- **DHCS** and **CalHHS** convened **counties**, **988 Crisis Centers**, **mobile crisis providers**, and other partners through the Mobile Crisis Technical Assistance Center (M-TAC), the 988-Crisis Policy Advisory Group, and related workgroups to improve coordination between 988 and

[3] Building California's Comprehensive 988-Crisis System: A Strategic Blueprint: AB 988 Five-Year Implementation Plan to the State Legislature, California Health and Human Services Agency (CalHHS), December 31, 2024, p. 48.

community-based crisis services and address barriers to timely crisis response.

- **DHCS** began developing a toolkit to support agreements between county behavioral health departments and mobile crisis partners and initiated discussions to track mobile crisis services accessed through 988.
- **988 Crisis Centers** reported improvements to facilitate timely connections to community-based care. Seven **988 Crisis Centers** established operational practices that allow counselors to coordinate with mobile crisis teams and other crisis response resources. Five **988 Crisis Centers** reported formalizing coordination protocols with community partners that facilitate referrals and access to local crisis resources.
- California established advisory bodies that include representation from **988 Crisis Centers**, emergency response agencies, and other community partners, and has begun developing and reviewing transfer guidelines to support coordination across crisis response systems.
- To support long-term system planning, **CalHHS** partnered with researchers from Columbia University, the New York State Psychiatric Institute, and Wayne State University on a national survey of mobile crisis programs to collect and analyze data about the landscape of mobile crisis programs across the nation, with a deep dive into five states including California.

What's Coming in 2026-2027

- **DHCS** will continue providing technical assistance that supports coordination between **988 Crisis Centers** and mobile crisis response.
- **DHCS** will finalize and release the toolkit and host learning sessions to support county behavioral health departments and mobile crisis

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partners in establishing and maintaining effective operating agreements.

- **CalHHS** plans to use findings from the mobile crisis research and implementation discussions to identify opportunities to strengthen coordination between **988 Crisis Centers**, mobile crisis providers, counties, and other community-based responders.

Recommendation D.3. Assist Communities in Expanding Crisis Services

This recommendation supports communities in expanding the range of behavioral health crisis services and facilities available before, during, and after a crisis. Implementation activities include building on major state initiatives such as Proposition 1, the Behavioral Health Continuum Infrastructure Program, and DHCS's CalAIM and BH-CONNECT initiatives to increase access to community-based crisis care options, including crisis stabilization services, crisis residential programs, peer respite programs, sobering centers, and other services that help individuals receive timely support in the most appropriate setting.

Progress to Date

- **CalHHS** coordinated 988 planning with other major behavioral health initiatives. This included discussions related to Proposition 1 implementation and Behavioral Health Services Act (BHSA) planning, behavioral health parity, and mobile crisis services. **CalHHS** also worked with **CDPH** to reflect 988 awareness and education strategies in development of their BHSA Population-Based Prevention Program Plan.
- CalAIM and BH-CONNECT are expanding access to recovery services and other community-based supports for Medi-Cal members.

What's Coming in 2026-2027

- **DHCS** and **CalHHS** will continue to partner with counties and Tribes to increase availability of alternative models of care.

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3.5. GOAL E. CROSS-CUTTING RECOMMENDATIONS

Recommendation E.1. Prioritize Inclusion and Equity in Crisis Care Service Delivery for Target Populations

This recommendation calls for reducing disparities in access to crisis services, improving cultural responsiveness and language access, incorporating lived experience into service design and outreach, and tailoring crisis response strategies to meet the needs of populations who may be at greater risk of behavioral health crises or face disparities in access to care. Target populations include Tribal members and Urban Indians, LGBTQ+ individuals, veterans, older adults, individuals living in rural areas, and people with intellectual or developmental disabilities.

Progress to Date

- **CalHHS**, **CDPH**, **DHCS**, and **988 Crisis Centers** are implementing a range of initiatives to improve equitable access to 988 and behavioral health crisis services, including multilingual communications, targeted

Tribal Partners Strengthen 988 Implementation

In 2023, CalHHS, Didi Hirsch Mental Health Services, and Assemblymember James Ramos convened two regional Tribal Summits that brought together Tribal leaders, organizations serving Urban Indian communities, behavioral health providers, legislators, and all 11 California 988 crisis centers. More than 200 participants attended, with approximately 70 percent identifying as affiliated with a Tribe or organization serving Tribes or Urban Indians. Calls to action emerging from the summits include implementing Tribal-led training for 988 counselors, exploring a Native-American specific 988 line (the "press 4 option"), increasing awareness of 988 in Native communities, and strengthening partnership with Tribes in 988 planning and decision-making. The summits established a foundation for ongoing collaboration between Tribes, organizations serving Tribes and Urban Indians, state agencies, and crisis service providers.

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outreach to priority populations, and training to improve cultural responsiveness and language access.

What's Coming in 2026-2027

- **CalHHS**, **CDPH**, **DHCS**, and **988 Crisis Centers** will continue focusing on equity and inclusion. Partnering with Tribal governments and organizations that serve Urban Indians is a priority in the coming year.

Recommendation E.2. Support Sustainable Funding and Insurance Coverage for Behavioral Health Crisis Services

This recommendation focuses on establishing sustainable funding for behavioral health crisis services and advancing behavioral health parity. Key implementation activities include bringing together state agencies, health plans, county behavioral health, regulators, and other stakeholders to identify pathways for payer coverage and reimbursement of essential behavioral health crisis services. Activities also include establishing sustainable funding for behavioral health crisis services and increasing transparency around 988 funding.

Progress to Date

- In March 2025, the Department of Managed Health Care (**DMHC**) issued guidance clarifying commercial health plans' obligations regarding coverage of mobile crisis services. The guidance was developed in consultation with counties and health plans and provides direction to regulated health plans regarding applicable coverage requirements.[4]

[4] Department of Managed Health Care (DMHC), *All Plan Letter 25-006*: *Health Plan Coverage of Mobile Crisis Services* (March 21, 2025), https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL25-006-HealthPlanCoverageofMobileCrisisServices%283_21_2025%29.pdf.

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- **DMHC** collected claims data from 20 California counties and has been working with health plans to resolve outstanding claims and identify systemic barriers in the reimbursement process.
- **DMHC** convened meetings with the California Association of Health Plans, County Behavioral Health Directors Association, behavioral health provider associations, consumer advocates, and health plans to improve coverage and reimbursement of behavioral health crisis services. These discussions helped identify coverage and payment gaps across payors and contributed to growing alignment among state agencies, counties, providers, and health plans on the need for clearer and more consistent reimbursement pathways for core crisis services.
- In parallel, **DHCS** provided technical assistance through the Mobile Crisis Technical Assistance Center (M-TAC) to support implementation of the Medi-Cal Mobile Crisis Services benefit.
- **DHCS** collaborated with the 988 Consortium and **988 Crisis Centers** to develop a new methodology for allocating 988 funding and develop cost projections to use in determining the 988 surcharge rate for the coming year.
- **CalHHS** evaluated how 988 surcharge funding could support mobile crisis services connected to the 988 system. **CalHHS** also developed research questions and identified subject matter experts, implementation partners, and community stakeholders to inform future policy recommendations regarding the use of 988 surcharge funding for mobile crisis response.
- The state publicized information about the current methodology for setting the 988-surcharge rate on the Cal OES website and in the Five-Year Plan.

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What's Coming in 2026-2027

- **DMHC** will continue to convene counties, behavioral health providers, commercial health plans, and key stakeholders to resolve mobile crisis claims to further address billing challenges, and, in partnership with **DHCS**, continue to provide training and technical assistance to improve billing and reimbursements for mobile crisis.
- **DHCS** will finalize the FY 2026-27 funding allocation methodology and complete cost projections to inform the FY 2027-28 988 surcharge.

Recommendation E.3. Establish Data Systems and Standards for 988 Performance Monitoring

This recommendation focuses on building the data infrastructure needed to monitor, evaluate, and continuously improve California's 988 system and broader behavioral health crisis continuum. The recommendation calls for state agencies to establish common 988 performance measures; develop a public-facing dashboard to track key 988 metrics; and create processes for measuring longer-term system impact. It also emphasizes the importance of data transparency and equity by promoting the collection and analysis of disaggregated data to identify disparities across populations and inform targeted improvements.

Progress to Date

- **CalHHS** initiated planning for a public-facing 988 data dashboard and convened discussions with **Cal OES**, **DHCS** and California **988 Crisis Centers** regarding data governance, reporting priorities, and public transparency. **CalHHS** also began identifying the business, technical, and data-sharing requirements necessary to support statewide reporting and public access to 988 performance data. Finally, **CalHHS** identified key implementation challenges that must be resolved before dashboard deployment, including discrepancies between national and

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local reporting systems and the need for data-sharing agreements among state and local partners.

- **DHCS** analyzed monthly data reported by 988 Crisis Centers by demographic characteristics, including age, race and ethnicity, gender identity, and sexual orientation, to identify disparities in service utilization and outcomes. The analysis examined measures such as contact volume, suicide risk level, crisis type, referral patterns, follow-up services, and counselor engagement with help-seekers across different population groups.

Recommendation E.4. Integrate Peer Support Across the Crisis Care Continuum

This recommendation is about promoting person-centered, culturally-responsive, recovery-oriented care. It calls for expanding peer and family support services within 988 and other crisis services, increasing awareness of the value of peer support, strengthening training and supervision for peers, and incorporating lived experience into crisis system design, implementation, and service delivery.

Progress to Date

- **DHCS** promoted adding peers to mobile crisis teams and peer involvement within 988 Crisis Centers, provided training and technical assistance on engaging and supporting peers in crisis response, and included peer support services in the statewide referral directory.
- **DHCS** revised statewide guidance for Medi-Cal Peer Support Services to clarify certification, supervision, training, billing, and claims requirements and provided support to counties and providers to facilitate appropriate reimbursement for peer support services.

What's Coming in 2026-2027

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- In addition to continuing the activities described above, **DHCS** plans to expand its data collection and analysis on the current state of peer support for behavioral health crises, to inform system improvements.

3.6. OTHER RECOMMENDATIONS

The following updates reflect CalHHS responsibilities identified in the Governance section of the 988 Five-Year Implementation Plan and are not associated with a specific plan recommendation.

Progress to Date

- **CalHHS** established a public-facing 988 California website, reconvened the 988-Crisis Policy Advisory Group, and developed a standardized reporting template for state entities with implementation responsibilities under AB 988. These efforts support **CalHHS**'s statutory responsibility to provide annual public updates regarding 988 implementation and increase transparency regarding crisis system performance, implementation progress, and future priorities. This progress update also represents fulfillment of **CalHHS**'s governance responsibility.

What's Coming in 2026-2027

- **CalHHS** will publish another annual progress update at the end of 2027.
- **CalHHS** may convene the PAG, per pending legislation, to further develop reporting mechanisms that promote transparency and accountability across California's 988 system. Future reporting is expected to incorporate implementation progress, crisis system performance information, and updates on key priorities such as mobile crisis services and statewide data reporting.

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4. Takeaways and Next Steps

4.1. REFLECTION AND OUTLOOK

California has made progress during the first year of the Five-Year Plan. Between July 2025 and June 2026, state agencies, 988 Crisis Centers, counties, Tribes, providers, and advocates advanced multiple recommendations from the Five-Year Plan. They raised public awareness of 988, enhanced the technology infrastructure that supports 988 integration, improved reimbursement for crisis response services, addressed some workforce needs, and strengthened equity and inclusion.

Some important lessons emerged from the first year of implementation. First, 988 is both a service and a system. While the vast majority of contacts are resolved by 988 Crisis Centers without the need for additional intervention, effective crisis response also depends on the ability to connect individuals who require higher levels of care to community-based services.

Second, the past year of implementation has underscored the complexity of building a coordinated, statewide crisis system. Many critical implementation activities require coordination across multiple organizations with different responsibilities, funding structures, technological infrastructure, and local conditions. Integration of 988 with the crisis care continuum depends on both state infrastructure and local relationships and resources, which is why progress has appeared uneven across communities.

Third, public awareness, system integration, workforce capacity, technology, equity, and sustainability are interdependent. Actions in one area often affect demand, capacity, or performance in another. For example, communications and outreach to increase public awareness of 988 may increase contact volume, requiring sufficient staffing, technology, and funding to maintain timely response. Similarly, stronger integration of 988 with mobile crisis and community-based services depends on both local service capacity and the

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infrastructure needed to coordinate referrals and transfers. These interdependencies reinforce the importance of implementing the Five-Year Plan as a coordinated strategy rather than a series of separate initiatives.

Finally, individuals in crisis do not experience the crisis system through separate programs or agencies—they experience it through the quality of the transitions and support they receive across the continuum of care. That is why implementation activities focused on coordination, referrals, information-sharing, and transitions of care are so important, since breakdowns at these connection points can limit the effectiveness of otherwise strong services.

Over the past year, the state has made progress on the foundational elements of a comprehensive crisis response system. While important infrastructure still needs to be developed, as California enters the next phase of implementation, the focus will become less about building new crisis system components and more about strengthening the connections between them. As these foundational elements mature, attention is increasingly shifting to issues such as coordination between 988 and mobile crisis providers, transitions of care, data-sharing, and sustaining the local partnerships that make crisis systems work.

4.2. WHAT'S NEXT

Consistent with the Five-Year Plan, proposed implementation activities in the coming years include efforts to improve coordination between 988 and community-based crisis services. Areas of focus include strengthening referral pathways, transfer protocols, data collection practices, and information sharing among system partners.

Implementation efforts may also include further development of reporting and performance monitoring capabilities to support a better understanding of service utilization and system operations. These activities can help inform future planning.

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As implementation continues, the state and its partners will continue to assess reimbursement and funding considerations for crisis services—including 988.

Finally, because equity is a high priority, California will continue to engage with Tribal governments and organizations serving Urban Indians, recognizing the barriers many Tribal members and Urban Indians have faced in accessing behavioral health crisis services and the importance of Tribal leadership in guiding the ongoing development of the crisis system.

While there is still work to be done on the foundational infrastructure, the work ahead may increasingly transition to strengthening the relationships, coordination, and accountability that connects the system. As implementation continues, California has an opportunity to translate its early investments into a more seamless crisis care experience, so help-seekers can access the right support at the right time, regardless of where they enter the system.

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