



***Cal* OES**
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

State 9-8-8 Technical Advisory Board

February 20, 2025



Item 1: Welcome and Call to Order

Members of the Board

- Chair – Lisa Mangat, Governor's Office of Emergency Services (Non-voting)
- Dr. Anh Thu Bui, California Health and Human Services (CHHS)
- Dr. Eric Rafla-Yuan, UC San Diego School of Medicine
- Joe Sullivan, Chief Information Officer, Emergency Medical Services Agency (EMSA)
- Terri Galvan, Suicide Prevention Services, Wellspace Health
- Julian Aragon, DiDi Hirsch Mental Health Services
- Lan Nguyen, Crisis and Suicide Prevention Lifeline Manager, Santa Clara County
- Kristin Miller, Riverside Health Services, Behavioral Health Services Administrator
- Ametrius Sidney, California National Emergency Number Association (CALNENA)
- Jeff Hebert, California Public Safety Radio Association (CPRA)
- Tracy Gonzales, Ontario Fire Communications Manager
- Jennifer Kenton, Campbell Police Department Communications Supervisor
- Erinn Riley, Contra Costa County Sheriff Dispatch Supervisor
- Jamila Fields, California Commission on Peace Officer Standards and Training (POST)
- Cerena Lewis, California Professional Firefighters



Item 2: Approval of Previous Minutes

Quorum was not achieved for the November 2024 meeting

August 2024 meeting minutes

- Meeting held on August 22, 2024, in person at 630 Sequoia Pacific Blvd, Sacramento, CA



Item 3: Legislative Update

Cal OES Legislative and External Affairs will provide information regarding legislation that may impact California's 9-8-8 system.



Item 4: Working Group Reports

The CA 9-8-8 Technical Advisory Board Working Groups will provide a report on the activities completed since the last meeting:

- 9-8-8 and 9-1-1 Interface Working Group Report: *Jeff Hebert and Tracy Gonzales.*
- Accessibility & Equal Access Working Group Report: *Dr. Anh Thu Bui and Dr. Eric Rafla-Yuan.*
- Discuss any working groups that are needed.



Item 5: Cal OES 9-8-8 Report

The Cal OES 9-8-8 System Director will provide updates regarding:

- Item 5-1: Statewide 9-8-8 CHS and CRM status
- Item 5-2: 9-1-1 to 9-8-8 Interface
- Item 5-3: 9-8-8 Surcharge



Item 5-1: 9-8-8 CHS and CRM Update

- Signed the MOU with SAMHSA to deliver 9-8-8 calls to the State platform
- Confirmed State platform technology is installed in each center
- Meeting with each 9-8-8 Lifeline Crisis Center
- Will be working with each LCC to pilot the State platform with local lines



Item 5-2: 9-1-1 to 9-8-8 Interface

- Cal OES working with DHHS and 9-8-8 Centers to develop pilot program for 9-1-1 call transfer to 9-8-8 Centers
- Supports manageable workload for LCCs
- Continue to develop transfer policy for CA



Item 5-3: 9-8-8 Surcharge

- The 9-8-8 surcharge was set at \$0.08 for 2023 and 2024 by state statute
- For 2025 and beyond, the fee must be calculated
 - Budget requests are sent to Department of Finance for eligible expenditures for the 9-8-8 surcharge
 - The CA State Legislature approves the budget, which determines the revenue that must be generated from the 9-8-8 surcharge
 - Service providers send the number of access lines to Cal OES
 - 9-8-8 surcharge is based on the budget and number of access lines



Item 5-3: 9-8-8 Surcharge and Fund Condition Statement FY 2024-25

3414 988 State Suicide and Behavioral Health Crisis Services Fund^S

BEGINNING BALANCE	-	\$24,728	\$13,153
Adjusted Beginning Balance	-	\$24,728	\$13,153
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	\$24,506	44,276	44,276
Total Revenues, Transfers, and Other Adjustments	\$24,506	\$44,276	\$44,276
Total Resources	\$24,506	\$69,004	\$57,429
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	-	5,500	-
0690 Office of Emergency Services (State Operations)	-	9,632	9,648
0690 Office of Emergency Services (Local Assistance)	-	20,280	20,280
4260 State Department of Health Care Services (State Operations)	-	773	728
4260 State Department of Health Care Services (Local Assistance)	-	19,000	12,500
7600 California Department of Tax and Fee Administration (State Operations)	78	666	622
Less funding provided by General Fund (State Operations)	-300	-	-
Total Expenditures and Expenditure Adjustments	-\$222	\$55,851	\$43,778
FUND BALANCE	\$24,728	\$13,153	\$13,651
Reserve for economic uncertainties	24,728	13,153	13,651



Item 5-3: 9-8-8 Surcharge Calculation

Description	Ref.	Amount
Authorized Budget Expenditure	B1	\$43,778,000
Revenue Needed for Next Budget Year	B2	\$43,778,000
Estimated Number of Access Lines	B3	46,513,154
Surcharge Per Month	B4	\$0.08
Projected Annual Revenue	B5	\$44,652,627

Note: The table shows an estimated number of access lines



Item 6: CHHS Updates

CHHS will provide an update on 9-8-8 related activities



**Update on 988-crisis
project to
Cal OES
Technical Advisory
Board
February 20, 2025**

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum

Agenda

- CalHHS 988-Crisis Project highlights
- AB 988 five-year implementation plan
 - Development of the plan
 - Goals, recommendations
 - Activities where CalOES has a role as lead or partner
- Next Steps



CalHHS 988- Crisis Project highlights





In January 2025, CalHHS submitted the Five-Year Implementation Plan and accompanying materials to the State Legislature

- [Building California's Comprehensive 988-Crisis System: A Strategic Blueprint \(AB 988 Five-Year Implementation Plan\)](#), which includes an executive summary, recommendations and information on the state governance structure for 988, and related appendices.
- [AB 988 Chart Book: An Inventory of Needs, Services and Gaps of the Behavioral Health Crisis System](#), which includes information drawn from primary and secondary sources, including recent evaluations, studies, and analyses by state agencies and independent evaluators, public health data, and qualitative research.
- [AB 988 Community Engagement Report](#), which includes findings and themes from community focus groups with individuals co-occurring disorders, family members who lost someone to suicide, Tribal members, formerly unhoused individuals, LGBTQIA+ individuals, older adults, young adults, and mothers with children

AB 988 Project Structure

Alignment and Oversight and Final Recommendations

Recommendations and Guidance on an Implementation Plan

Community Outreach and Information Gathering to Feed Workgroups

Legislatively Required Recommendations for Five-Year Implementation Plan



988-Crisis Policy Advisory Group

Cal OES
Technical
Advisory
Board

Behavioral
Health
Task Force

Ad Hoc
Meetings:
CalHHS
Department

Alignment and Information Gathering

1. Comprehensive Assessment of Behavioral Health (BH) Crisis Services Workgroup
 2. Statewide 988 Standards and Guidance Workgroup
 3. 988-911 BH Crisis Care Continuum Integration Workgroup
 4. Data and Metrics Workgroup
 5. Communications Workgroup
 6. Funding and Sustainability Workgroup
- Ad Hoc: Peer Supporter Workgroup*

Interviews

Surveys

Focus Groups

Research/Data

Statewide Collaboration

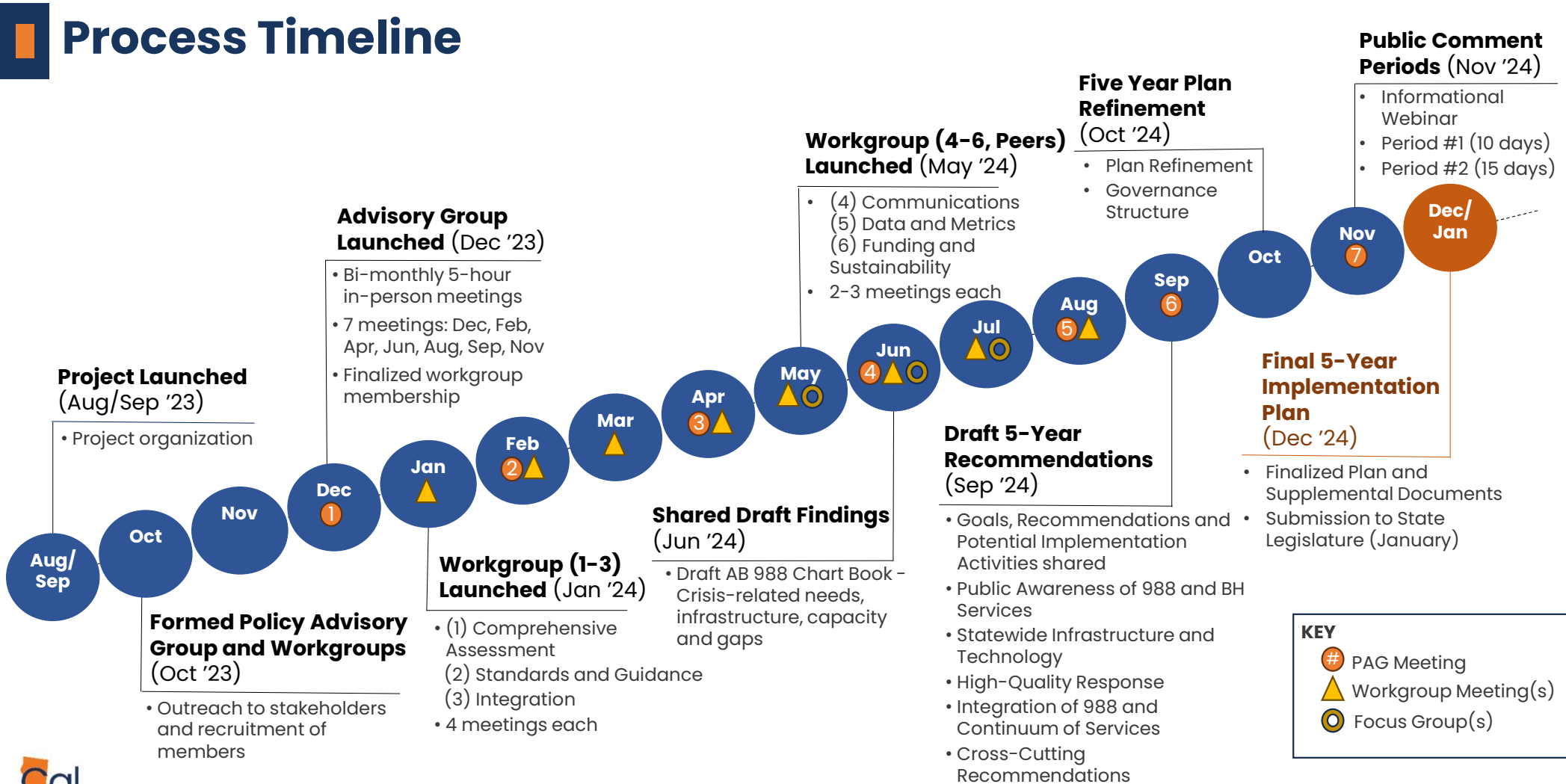
■ Community Engagement: Summary

Community engagement activities sought to gather input and perspectives from a broad cross-section of individuals, organizations, and systems connected to the crisis care continuum

- **7** public meetings of the Policy Advisory Group (**43** members)
- **21** public meetings of seven Workgroups (**140** members)
- **13** focus groups with populations with lived experience or otherwise impacted by crisis services (**90** participants)
- Over **85** interviews with Policy Advisory Group members, crisis-related providers, community groups and advocacy organizations, county behavioral health departments, tribal community members, 988 Crisis Centers and other crisis-related service partners

#	Topics	Date
1	<ul style="list-style-type: none"> • Orientation to the Process and Workgroups • Relationship Building 	December 13, 2023
2	<ul style="list-style-type: none"> • Grounding in CCC-P and Comprehensive Assessment Approach • Breakouts on Access, Equity, Coordination 	February 7, 2024
3	<ul style="list-style-type: none"> • Information sharing from Comprehensive Assessment (Workgroup 1) • Draft recommendations for Standards and Guidance (Workgroup 2) and Integration (Workgroup 3) 	April 24, 2024
4	<ul style="list-style-type: none"> • Discussion of Data, Goals and Metrics (Workgroup 5) • Draft recommendations for Communications (Workgroup 4) 	June 26, 2024
5	<ul style="list-style-type: none"> • Discussion of Community Engagement Findings • Continued discussion of other emerging recommendations 	August 14, 2024
6	<ul style="list-style-type: none"> • First review of draft Five-Year Implementation Plan • Review Finance and sustainability (Workgroup 6), peers, governance 	September 18, 2024
	PUBLIC COMMENT PERIOD #1	Nov 4-14, 2024
7	<ul style="list-style-type: none"> • Final scheduled Policy Advisory Meeting and review of the Plan 	November 20, 2024
	PUBLIC COMMENT PERIOD #2	Nov 26-Dec 10, 2024

Process Timeline



California Context

- **988 Crisis Centers**
 - 12 988 crisis centers with over 1,100 staff
 - 988 crisis centers answered **381,534 contacts** during 1st year of 988 implementation (July 2022 – June 2023)
 - July 2023 – June 2024: answered **422,667 contacts**
- **9-1-1 Public Safety Answering Points (PSAPs)**
 - 450 PSAPs
 - 25 – 27 million calls per year
- **Mobile Crisis Response Teams**
 - State Crisis Care Mobile Units (CCMU) Program Grant: **403** mobile crisis teams created or enhanced across 51 County Behavioral Health Authorities (52 total Counties); 2 City Behavioral Health Authorities and 1 Tribe(as of September 2024)
 - Medi-Cal mobile crisis benefit implemented in **49 counties** serving **99% of Medi-Cal members**





Development of the Implementation Plan

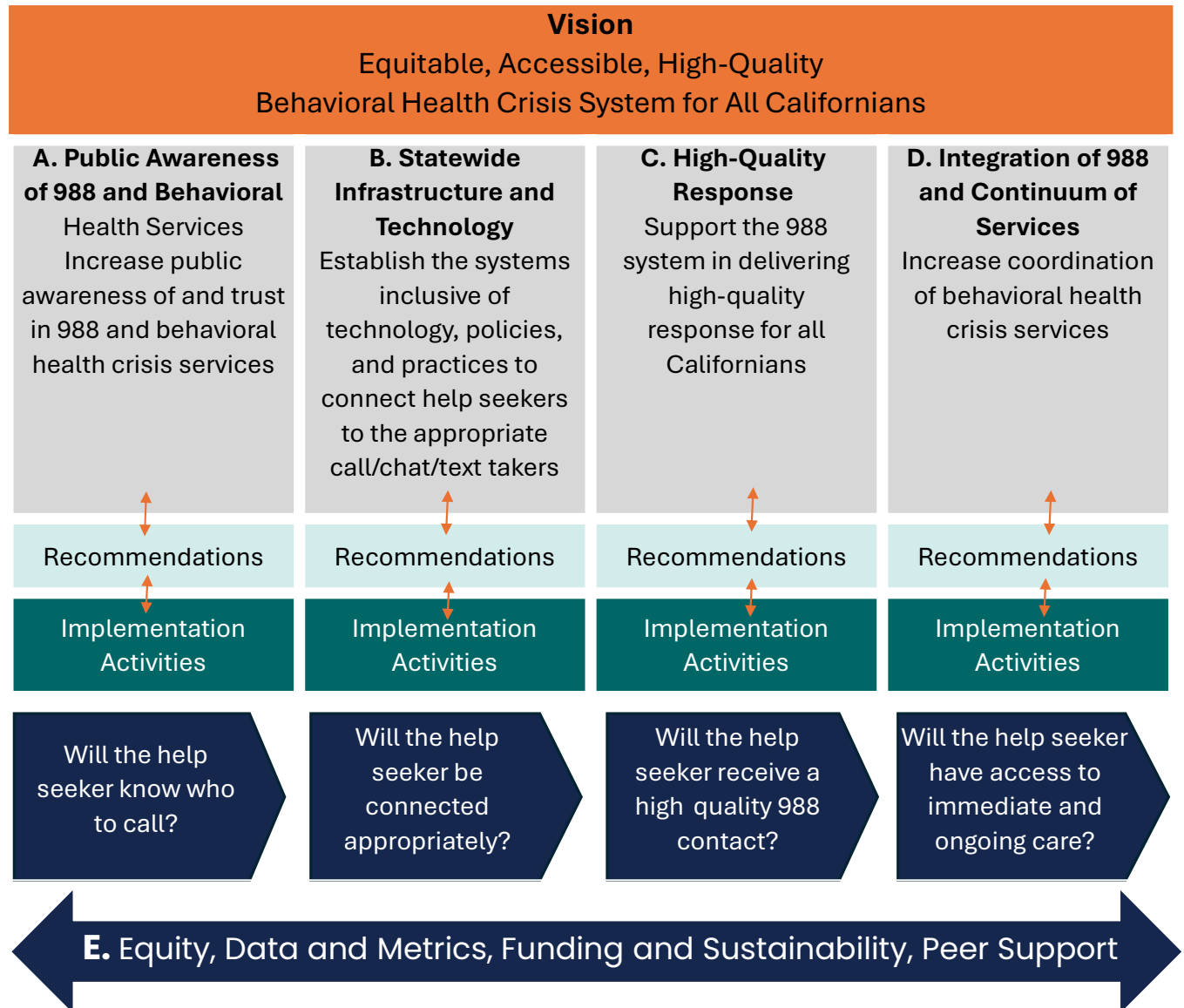
Defining the Future State

The Future State...	Characterized by...
Consistent statewide access	<ul style="list-style-type: none"> ▪ Increased capacity, affordability, and range of services ▪ Connecting people in crisis to immediate and ongoing care
High quality services	<ul style="list-style-type: none"> ▪ An array of essential crisis services across the continuum ▪ A comprehensive strategy for data measurement and quality of care that is inclusive of all populations and geographies
Coordination across and outside the continuum	<ul style="list-style-type: none"> ▪ Offering the least restrictive responses to crisis ▪ Robust formal and informal community-based partnerships
Serves the needs of all Californians	<ul style="list-style-type: none"> ▪ Services that are culturally and linguistically responsive ▪ Services that are person- and family-centered ▪ Services that are delivered regardless of insurance/payer source

Implementation Plan: Foundational Principles

1. All Californians, regardless of insurance coverage, location, or other factors, 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





Implementation Plan Goals and Recommendations

Goal A. Public Awareness of 988 and Behavioral Health 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.
- 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.

[Source: PPIC Statewide Survey: Californians and Their Government](#), September 2023

Goal A. Public Awareness of 988 and Behavioral Health Services

A

Public Awareness of 988 and Behavioral Health Services:

Increase public awareness of and trust in 988 and behavioral health crisis services.

A.1. Coordinate state behavioral health crisis communications strategies, informed by the 988 Suicide and Crisis Lifeline and the Substance Abuse and Mental Health Services Administration.

A.2. 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 RedLine, and other warmlines).

A.3. Monitor the success and impact of communications strategies.

Goal B. Statewide Infrastructure and Technology

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 – 24 hours a day, 7 days a week – is a large and complex undertaking.
- There is a need to ensure that help seekers are routed quickly and appropriately between 9-1-1-988 and between 988 and other crisis service access points and helplines, including specialized warm lines, county access lines, mobile crisis dispatch lines, and state and local hotlines other than 988.

Goal B. Statewide Infrastructure and Technology

B

Statewide Infrastructure and Technology:

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

B.1. Support the technology to route 988 contacts safely and efficiently anywhere in California, including to mobile crisis dispatch.

B.2 Promote coordination and communication across state technology implementation partners to ensure alignment of technology, policy, and practice.

Goal C. High-Quality 988 Response

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

- 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 95–98% of 988 calls are resolved over the phone, and that most 988 help seekers report feeling less depressed or suicidal after calling.
- This goal focuses on 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

Goal C. High-Quality 988 Response

C

High-Quality 988 Response: Support the 988 system in delivering a high-quality response

C.1. 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, 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.

C.3. Establish a process to review, designate, and re-designate California 988 Crisis Centers.

Goal D. Integration of 988 and the Continuum of 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.
- Properly connected and coordinated crisis services can offer timely services in the least restrictive setting, reduce inappropriate use of emergency departments and hospitals and reduce unnecessary law enforcement involvement in mental health and substance use crises.

Goal D. Integration of 988 and the Continuum of Services

D

Integration of 988 and the Continuum of Services: Increase coordination of behavioral health crisis services

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.

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.

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

D.4. Develop more options or expand existing options for transporting individuals in crisis to a safe place to be.

E. Cross-Cutting Recommendations

E1. Equity: 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/or need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability, or unique cultural and/or linguistic needs.

E2. Funding and Sustainability: 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.

E. Cross-Cutting Recommendations (Continued)

E3. Data and Metrics: Establish mechanisms and data standards to collect and analyze data that will support monitoring of 988 and the behavioral health crisis care continuum's performance.

E4. Peer Support: Integrate peer supports across the crisis care continuum to support person-centered, culturally responsive, and recovery-oriented care.



Potential Implementation Activities – Cal OES

A. Public Awareness of 988 and Behavioral Health Services

Recommendation A.1. 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).

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
A.1.a	Assess existing state campaigns and communications initiatives to determine where and when communicating about 988 may be appropriate or effective	CDPH	DHCS, EMSA	*	*		
A.1.b	Identify audiences for 988 communications strategies to include (1) populations not reached through national campaigns and/or are distrustful of 988 or other emergency or crisis lines; (2) populations at greatest risk of suicide or other behavioral health crisis; (3) populations that may need or benefit from accommodations	CDPH	DHCS, 988 Crisis Centers, Tribal/CBO Partners, County/Tribal BH	*	*	*	*
A.1.c	Define the goals and objectives of the communications strategy to provide clarity about how and when to use 988; what to expect when someone contacts 988; what 988 can and cannot do; and how individual data will be used, stored, shared, and protected	CDPH	DHCS, Cal OES, EMSA, 988 Crisis Centers, County/Tribal BH	*	*	*	*
A.1.d	Determine forums and trusted messengers to inform the public about 988, segmented by audience	CDPH	DHCS, 988 Crisis Centers, County/Tribal BH	*	*	*	*
A.1.e	Coordinate statewide communications campaign with federal and local partners to anticipate and evaluate potential impact to service capacity	CalHHS, Cal OES	CDPH, DHCS, EMSA, 988 Crisis Centers, County/Tribal BH, PSAPs	*	*	*	*

A. Public Awareness of 988 and Behavioral Health Services

Recommendation A.3. Monitor the success and impact of communications strategies.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
A.3.a.	Establish metrics to evaluate the extent to which communications strategies lead to changes in awareness, perception, and behavior	CDPH	DHCS, EMSA, Cal OES, 988 Crisis Centers, Tribal/CBO Partners	*	*		
A.3.b.	Evaluate communications strategies based on agreed-upon metrics developed with community input	CDPH	DHCS, EMSA, Cal OES, 988 Crisis Centers, Tribal/CBO Partners		*	*	*
A.3.c.	Review and update communications messages and materials to ensure they reflect services available and are responsive to community needs	CDPH	DHCS, EMSA, Cal OES, 988 Crisis Centers, Tribal/CBO Partners			*	*

B. Statewide Infrastructure and Technology

Recommendation B.1. Support the technology to route 988 contacts safely and efficiently anywhere in California, including to mobile crisis dispatch.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
B.1.a.	Build the technology platform to enable system interoperability and enhance coordination across 988 (including technical assistance and guidance) and the crisis care continuum	Cal OES, CalHHS	DHCS, EMSA, County/ Tribal BH, 988 Crisis Centers, PSAPs	*	*	*	*
B.1.b.	Provide technology tools to support connection of help seekers to community-based crisis response	Cal OES, CalHHS	DHCS, EMSA, 988 Crisis Centers, County/ Tribal BH	*	*	*	*
B.1.c.	Make upgrades to the state technology platform (e.g., geo-routing, etc.) consistent with community input and technological innovations	Cal OES, CalHHS	DHCS, 988 Crisis Centers, County/ Tribal BH, PSAPs, Tribal/CBO Partners	*	*	*	*

B. Statewide Infrastructure and Technology

Recommendation B.2. Promote coordination and communications across state technology implementation partners to ensure alignment of technology, policy, and practice.

	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
B.2.a.	Assess and recommend how the technology can support uniform data collection and inform service quality	CalHHS	Cal OES, DHCS			*	
B.2.b.	Review and support, as needed, revision/update of the draft transfer criteria between 9-1-1 and 988, being developed by the Cal OES TAB	Cal OES, CalHHS	DHCS, EMSA, PSAPs, 988 Crisis Centers	*	*	*	*
B.2.c.	Support stepwise implementation of the transfer criteria between 9-1-1 and 988 developed by the Cal OES TAB, starting with suicide-related contacts, using national guidance such as the National Emergency Number Association (NENA) standards and evidence-based tools	CalHHS, Cal OES	DHCS, EMSA, PSAPs, 988 Crisis Centers			*	*
B.2.d.	Develop guidance and related policy to connect and transfer help seekers bi-directionally to the appropriate call/text/chat support for transfers between 988 and other crisis service access points and helplines (e.g., 211, County Access lines, Mobile Crisis Dispatch Lines, Cal-FURS, Commercial Plans, Managed Care Plans, and Warmlines)	CalHHS, Cal OES	DHCS, EMSA, County/ Tribal BH, 988 Crisis Centers	*	*		

C. High-Quality 988 Response

Recommendation C.1. 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.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
C.1.a	Assess the current 988 network’s capacity to meet existing key performance indicators	DHCS	Cal OES, 988 Crisis Centers	*	*	*	*
C.1.b	Evaluate existing staffing needs and identify mechanisms to assess future staffing needs to support the core requirements of 988 Crisis Centers	DHCS	Cal OES, 988 Crisis Centers	*	*	*	*
C.1.c	Evaluate existing national training standards for 988 crisis counselors to determine adequacy to meet state needs	DHCS	EMSA	*	*	*	*
C.1.d	Determine best practices and provide resources to 988 Crisis Centers to mitigate compassion fatigue and burnout among crisis counselors and support future recruitment and retention efforts	DHCS	EMSA, 988 Crisis Centers	*	*	*	*

C. High-Quality 988 Response

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

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
C.2.a	Identify mechanisms to aid 988 Crisis Centers with contact volume projections and growth forecasting	DHCS	Cal OES, 988 Crisis Centers	*	*		
C.2.b	Establish the scope of services for 988 Crisis Centers to help move toward California's vision for an equitable, accessible, high-quality crisis system for all	CalHHS, DHCS	988 Crisis Centers	*	*	*	
C.2.c	Align staffing standards with the evolving scope of services for 988 Crisis Centers	DHCS	988 Crisis Centers	*	*	*	*
C.2.d	Establish statewide training standards for 988 Crisis Centers inclusive of behavioral health crises, including those associated with suicide, mental health, and substance use	DHCS	EMSA, 988 Crisis Centers	*	*	*	
C.2.e	Establish statewide training standards and guidance for the transfer of contacts between 9-1-1 and 988, inclusive of medical triage and response to warm handoffs that align with national best practices and meet the needs of Californians	EMSA, DHCS	Cal OES, 988 Crisis Centers, PSAPs, County/ Tribal BH, CBOs	*	*	*	*
C.2.f	Ensure future 988 training standards include training on cultural responsiveness, language access and other trainings for populations of focus	DHCS	988 Crisis Centers, EMSA	*	*	*	*
C.2.g	Establish a process for state-level monitoring and support of 988 Crisis Centers, inclusive of technical assistance, to help them meet state and national quality standards	DHCS	Cal OES, EMSA, 988 Crisis Centers	*	*	*	

C. High-Quality 988 Response

Recommendation C.3. Establish a process to review, designate and re-designate California 988 Crisis Centers.

	Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
C.3.a.	Develop a process to continually assess the overall capacity of the 988 Crisis Center network to meet federal and state requirements	CalIHHS, Cal OES	DHCS, 988 Crisis Centers	*	*	*	*
C.3.b.	Develop a process to continually assess adequate coverage of 988 services in California, so that the technology exists to answer 988 contacts and track metrics related to how well the 988 system is doing with capacity in answering incoming calls/chats/texts	CalIHHS, Cal OES	DHCS, 988 Crisis Centers	*	*	*	*
C.3.c.	Develop a process to continually assess 988 Crisis Centers' performance as a part of the BH crisis care continuum, including but not limited to the training of 988 crisis counselors, performance, and quality of 988 services, and other standards.	DHCS	988 Crisis Centers	*	*	*	
C.3.d.	Support 988 Crisis Centers to expand scope of services and capacity to address BH crises inclusive of mental health and substance use challenges.	CalIHHS, DHCS	988 Crisis Centers	*	*	*	
C.3.e.	Establish a process to review, designate, and re-designate 988 Crisis Centers to meet network coverage needs and to connect help seekers to local resources	CalIHHS, DHCS	Cal OES, DHCS	*	*	*	*

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		*	*	*

E.1. Equity

Recommendation E.1. 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/or need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability, or unique cultural and/or linguistic needs.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
E.1.a	Explore the development of a dedicated Native American line/dial pad option	CalHHS	Cal OES, DHCS, Tribal/CBO Partners	*			
E.1.b	Examine current linguistic translation and language access standards to identify opportunities to improve access to 988 services for people whose language of preference is not English or Spanish	CalHHS, Cal OES	DHCS, 988 Crisis Centers	*	*		

Note: Additional equity-focused implementation activities are embedded in the Plan and include the following: A.1.b, A.2.b, A.2.c, C.2.e, D.3.b, and E.3.c

E.2. Funding and Sustainability

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

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
E.2.a	Convene state entities, organizations, and implementation partners (e.g., California health plans, County behavioral health, and state regulatory agencies) to seek pathways to ensure coverage and reimbursement of essential behavioral health crisis services from payors	CalHHS	DMHC, DHCS, CDI, Health Plans, County/Tribal BH, CBOs	*	*	*	*
E.2.b	Maximize commercial health plan reimbursement of crisis services through training and technical assistance for health plans, counties, and providers	DMHC	CDI, DHCS, County/Tribal BH, Health Plans	*	*	*	*
E.2.c	Maximize Medi-Cal reimbursement of crisis services through training and technical assistance for counties and providers	DHCS	DMHC, Medi-Cal MCPs, County/Tribal BH	*	*	*	*
E.2.d	Maximize reimbursement for crisis services across all public and private payor sources (i.e., federal, state, and local)	CalHHS	DHCS, DMHC, Cal OES	*	*	*	*
E.2.e	Develop and disseminate clear information about funding procedures for 988 Crisis Centers, the process for determining the 988 surcharge fee, and the types of support provided by the 988 State Suicide and Behavioral Health Crisis Services Fund	Cal OES, DHCS	Cal OES, DHCS	*	*		
E.2.f	Determine the process and related criteria for how funding from the surcharge fee can be used for mobile crisis teams accessed via telephone calls/texts/chats made to or routed through 988	CalHHS	Cal OES, DHCS	*	*	*	

E.3. Data and Metrics

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

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
E.3.a	Convene state entities to determine methods and measures to monitor, evaluate, and communicate the performance of the crisis system in the context of California’s broader behavioral health transformation effort	CalHHS	DHCS, DMHC, EMSA, Cal OES, HCAI	*	*		
E.3.b	Develop and maintain a publicly facing dashboard that tracks performance of 988 Crisis Centers including, but not limited to: contact volume (incoming contacts), answer rate, average wait time, number of transfers between 9-1-1/emergency response and 988, mobile crisis dispatch, percentage of calls resolved without the need to transfer or dispatch emergency services, and call dispositions	CalHHS	Cal OES, DHCS, CDPH, EMSA, 988 Crisis Centers, County/Tribal BH, Tribal authorities, counties, and cities	*	*	*	*
E.3.c	Examine mechanisms, consistent with privacy standards, to disaggregate 988 data by specific subgroups to identify disparities and opportunities to advance equity	DHCS, CalHHS	Cal OES, 988 Crisis Centers, EMSA	*	*	*	*
E.3.d	Determine population level outcome measures and quantifiable goals to support assessment of the broader crisis care continuum	CalHHS, CDPH, Cal OES	DHCS, DMHC, EMSA			*	*

E.4. Peer Support

Recommendation E.4. Integrate peer support across the crisis care continuum to support person-centered, culturally responsive, and recovery-oriented care.

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3 4	Years 5+
E.4.a	Increase consumer and provider awareness of the availability of peer support in behavioral health crisis services	CalHHS	DMHC, CDPH, DHCS	*	*		
E.4.b	Drawing on best practices from California and nationally, explore opportunities for increased engagement and integration of peer roles in settings across the crisis care continuum	CalHHS	DMHC, DHCS, County/ Tribal BH, Tribal/CBO Partners	*	*		
E.4.c	Gather and share information on billable Peer Supporter roles/activities and other funding/reimbursement opportunities (e.g., through commercial insurance, Medi-Cal managed care, and Medicare)	CalHHS	DMHC, DHCS	*	*		
E.4.d	Gather and share state- and county-level data and information on the current state of peer support, including peer-provided, peer-operated, and family peer supports, to inform ongoing system design and improvement	CalHHS	Cal OES, DHCS	*	*		
E.4.e	Promote training and supervision resources to support the ongoing development and advancement of Peer Supporters	CalHHS	DHCS	*	*	*	*



Next Steps



Coordination with CalHHS Departments and State Agencies



California's leadership hub during major emergencies and disasters.

Implements and enforces requirements set forth in the Insurance Code and issues guidance to CDI regulated health insurance companies (indemnity insurance, some PPOs, and Exclusive Provider Organizations)



Oversees 12 departments and five offices, including DHCS, DMHC, CDPH, and EMSA



California's public health department



California's Medicaid Single State Agency



Issues guidance to commercial plans (Health Maintenance Organizations (HMOs) and some Preferred Provider Organizations (PPOs)) and enforces provisions of the law



Provide statewide coordination and leadership of local EMS systems.



Next Steps: Implementation



CalOES:

- 988 Technical Advisory Board
- 988 technology and interoperability between 988/9-1-1/BH crisis services
- 988-9-1-1 transfer criteria
- 988 fund distribution

CalHHS:

- Provide annual updates on implementation progress
- Coordinate/support state entities to facilitate implementation
- Establish/maintain 988 public data dashboard
- Monitor/offer solutions to improve mobile crisis services

CDPH:

- Public health data collection/surveillance
- Population-based prevention
- 988 public messaging

DHCS:

- Medi-Cal Mobile Crisis Services Benefit
- 988 Crisis Center oversight/admin support
- 988 staffing/training
- State designation process for 988 Crisis Centers
- Clinical quality assurance
- 988 fund distribution

DMHC/CDI/DHCS:

- BH crisis reimbursement

EMSA:

- Triage to alternate destinations
- Community paramedicine
- EMS medical protocols/triage
- 988 staff training on clinical protocols/triage
- Public messaging 988 vs 9-1-1
- Medical quality assurance
- 988-9-1-1 transfer criteria

Next Steps

Spring 2025	<p>Website(s) on 988 988 - California Health and Human Services</p> <p>988-Crisis Policy Advisory Group - California Health and Human Services</p> <p>Contact AB988Info@chhs.ca.gov for questions about AB 988 implementation plan</p>
July 1, 2025	Begin Year 1 of AB 988 five-year implementation plan



Item 7: SAMHSA, FCC, and Vibrant Updates

- Cal OES coordinating timeline to deliver 988 calls with SAMHSA and Vibrant
- The FCC has released a Third Further Notice of Proposed Rulemaking for 9-8-8 georouting, FCC Docket No. 18-336:

<https://www.fcc.gov/document/fcc>



Item 8: Review of 9-1-1/9-8-8 Transfer Guidance Document

- The 9-8-8 Technical Advisory Board will discuss the 9-1-1/9-8-8 transfer guidance document
- National Emergency Number Association (NENA) Standards for 9-1-1/9-8-8 Interactions published
- The 9-8-8 Technical Advisory Board to motion and vote to accept the transfer guidance document



Item 9: Agenda Items for Future Meetings

Board requests for matters to be placed on a future agenda.

2025 Meeting Dates:

- May 15, 2025, 10:00 AM – 12:30 PM
- August 21, 2025, 10:00 AM – 12:30 PM
- November 20, 2025, 10:00 AM – 12:30 PM



Item 10: Public Comment

Public Comment



Item 11: Adjourn

Thank you for attending this meeting of the California State 9-8-8 Technical Advisory Board.

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