



***Cal* OES**

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

State 9-8-8 Technical Advisory Board

May 16, 2024



Item 1: Welcome and Call to Order

Members of the Board

- Chair – Budge Currier, Governor's Office of Emergency Services (Non-voting)
- Dr. Anh Thu Bui, California Health and Human Services
- Dr. Eric Rafla-Yuan, UC San Diego School of Medicine
- Joe Sullivan, Chief Information Officer, Emergency Medical Services Agency
- Director Liseanne Wick, 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
- Vacant, California Commission on Peace Officer Standards and Training
- Cerena Lewis, California Professional Firefighters



Item 1: Roll Call and Quorum

Bagley-Keene Open Meeting Act Updates

- Effective January 1, 2024, a quorum can only be established if a majority of the members of the board are in person.
- Remote participants cannot be counted to establish a meeting quorum*.
- Remote participants do count toward a majority to avoid a “serial” or “unofficial” meeting.
- Moving forward all meetings will be held in person at 630 Sequoia Pacific Blvd, Sacramento, CA.

<https://oag.ca.gov/system/files/media/bk-open-meeting-act-guide-2023.pdf>

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=3.&title=2.&part=1.&chapter=1.&article=9

*Note, remote member may count towards the quorum if they meet the requirements of Gov. Code 11123.2(j)(2).



Item 2: Approval of Previous Minutes

February 2024 meeting minutes:

- No Quorum, unable to meet

November 2023 meeting minutes:

- Meeting held on November 16, 2023 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*



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: SETNA 9-8-8 Surcharge
- Item 5-4: AB 988 Milestones

www.caloes.ca.gov/988



Item 5-1: Statewide 9-8-8 CHS and CRM Status

- Testing with Vibrant completed 5/2/24:
 - Validated call, chat, and text workflows
 - Compliant with all requirements identified by SAMHSA and Vibrant
 - Validated ability to provide reporting as directed by SAMHSA
- Waiting for approval from SAMHSA to begin phased deployment
 - Phased deployment will take minimum of 6 months after approval
 - Life-saving capabilities will dramatically improve 9-8-8 in California
- 9-8-8 Mobile Dispatch RFP has been released, with anticipated contract award in Summer of 2024.



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

GC 53123.2 (c) No later than July 1, 2024, the office shall verify interoperability between and across 911 and 988. This shall include verifying interoperability of telephone calls, texts, chats, and other similar capabilities consistent with the implementation of Next Generation 911.

- Defining the 9-1-1 to 9-8-8 Technical Interface
 - Cal OES verified full interoperability between the California Next Generation 9-1-1 System and the California 9-8-8 System during laboratory testing. The certification was issued on April 30, 2024.
 - Interoperability capabilities will be deployed to all 12 centers after receiving approval from SAMHSA to deploy the 9-8-8 technology



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

- The 9-8-8 surcharge is set at \$0.08 for calendar year 2023 and 2024
- Fee calculation for 2025 and beyond
 - 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 sets the revenue that must be generated from the 9-8-8 surcharge
 - Access line service providers send number of access lines to Cal OES
 - 9-8-8 surcharge is based on the budget and number of access lines
 - Letter is sent to CDTFA by October of each year



Item 5-3: SETNA 9-8-8 Surcharge and the Fund Condition Statement

	2021-22*	2022-23*	2023-24*
<u>3414 988 State Suicide and Behavioral Health Crisis Services Fund^s</u>			
BEGINNING BALANCE	-	-	22,138
Adjusted Beginning Balance	-	-	\$22,138
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	-	22,138	44,276
Total Revenues, Transfers, and Other Adjustments	-	\$22,138	\$44,276
Total Resources	-	\$22,138	\$66,414
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	-	-	5,500
0690 Office of Emergency Services (State Operations)	-	-	9,533
0690 Office of Emergency Services (Local Assistance)	-	-	20,280
4260 State Department of Health Care Services (State Operations)	-	-	773
4260 State Department of Health Care Services (Local Assistance)	-	-	19,000
7600 California Department of Tax and Fee Administration (State Operations)	-	300	661
Less funding provided by General Fund (State Operations)	-	-300	-
Total Expenditures and Expenditure Adjustments	-	-	\$55,747
FUND BALANCE	-	\$22,138	\$10,667
Reserve for economic uncertainties	-	22,138	10,667



Item 5-3: SETNA 9-8-8 Surcharge Sample Calculation - Demonstration

Description	Ref.	Amount
Authorized Budget Expenditure	B1	\$44,276,000
Balance from Fund Condition Statement	B2	\$10,667,000
Revenue Needed for next Budget Year	B3	\$33,609,000
Estimated number of Access Lines**	B4	46,121,214
Surcharge per month	B5	\$0.07
Projected Annual Revenue	B6	\$38,741,820
Formulas: B3 = B1-B2, B6=B4*B5*12		

**2021 Access line count used for demonstration purposes



Item 5-4: 9-8-8 Implementation Milestones

9-8-8 Technical Advisory Board Tasks

GC 53123.2 (2) (A) Establish and convene the State 988 Technical Advisory Board for purposes of advising the office on the following:

- (i) Recommendations on the feasibility and plan for sustainable interoperability between 988, 911, and behavioral health crisis services, including the identification of any legal or regulatory barriers to the transfer of 911 calls.
- (ii) The development of technical and operational standards for the 988 system that allow for coordination with California's 911 system.
- (iii) The creation of standards and protocols for when 988 centers will transfer 988 calls into the "911" public safety answering points or points (PSAP), and vice versa.



Item 6: CHHS Updates

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



Update on 988 project to Cal OES Technical Advisory Board

Anh Thu Bui, MD
Project Director, 988-Crisis Care Continuum
May 16, 2024

Agenda

- CalHHS 988-Crisis Project highlights
- 988-Crisis Policy Advisory Group and Workgroup Updates
 - Workgroups
 - Potential Intersection with CalOES Technical Advisory Board (TAB)
- Draft Recommendations from Workgroups 1-3
- Next Steps



CalHHS 988- Crisis Project highlights



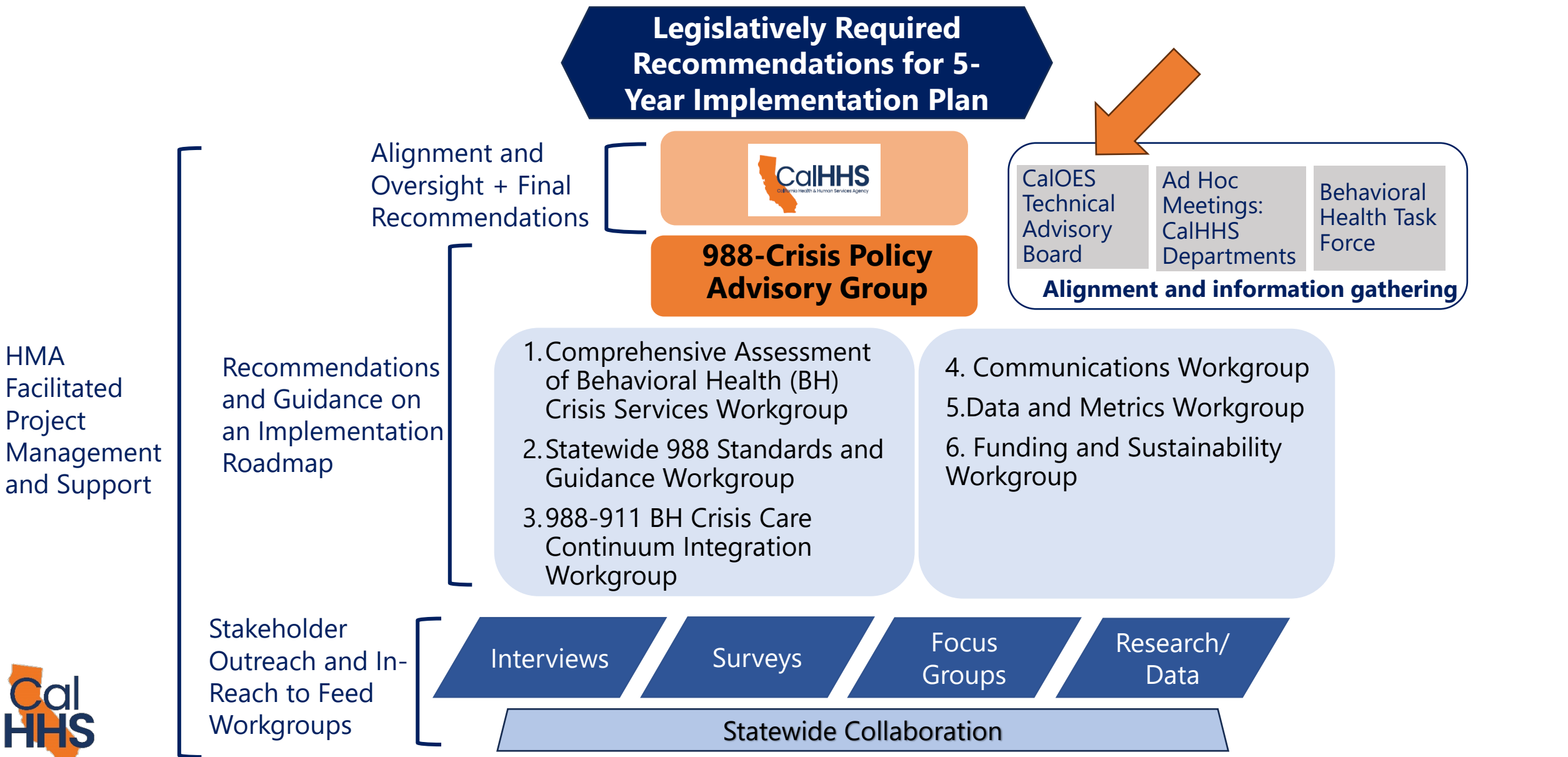
AB 988 Legislation

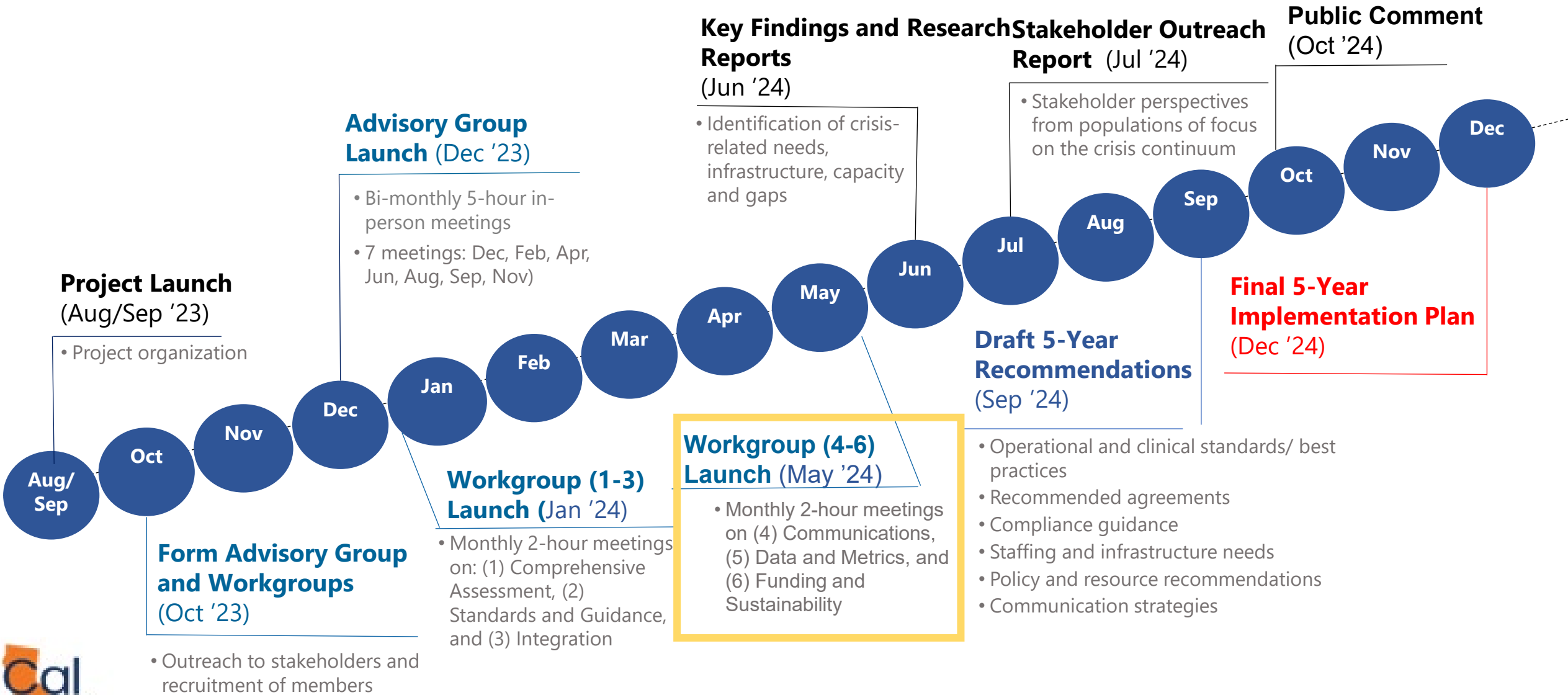
The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022:


- Creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state 988 Technical Advisory Board
- Requires CalHHS to convene a state 988 policy advisory group (988-Crisis Policy Advisory Group) to advise on a set of recommendations for the five-year implementation plan for a comprehensive 988 system by December 31, 2024
 - AB 988 underwent further modifications in [AB 118](#), the trailer bill that incorporates the implementing language of the California State Budget.
 - Requires CalHHS to post regular updates, no less than annually, regarding the implementation of 988 on its public internet website, until December 31, 2029



988-Crisis Project Structure







988-Crisis Policy Advisory Group and Workgroup Updates

AB 988: 988-Crisis Policy Advisory Group (PAG)

Members of the 988-Crisis Policy Advisory Group must include:

- Department of Health Care Services
- The Office of Emergency Services
- State Department of Public Health
- Representatives of counties
- Representatives of employees working for county behavioral health agencies and agencies who subcontract with county BH agencies who provide these services
- 988 Centers
- Health plans
- Emergency medical services
- Law enforcement
- Consumers, families, and peers
- Other local and statewide public agencies.



988-Crisis Policy Advisory Group Members

Amanda Levy, Deputy Director for Health Policy and Stakeholder Relations, California Department of Managed Health Care (DMHC)

Anete Millers, Director of Regulatory Affairs, California Association of Health Plans (CAHP)

Ashley Mills, Assistant Deputy Director, Community Wellness, California Department of Public Health (CDPH)

Brenda Grealish, Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)

Budge Currier, Assistant Director, Public Safety Communications California Governor's Office of Emergency Services (CalOES)

Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA)

Christine Stoner-Mertz, Chief Executive Officer, CA Alliance of Child and Family Services

Doug Subers, Director of Governmental Affairs, California Professional Firefighters

Elizabeth Basnett, Director, California Emergency Medical Services Authority (EMSA)

Erika Cristo, Assistant Deputy Director, California Department of Health Care Services (DHCS)

Dr. Jana Lord, Chief Operating Officer, Sycamores

Jeff Hebert, 911 Communications Coordinator, San Diego Sheriff's 911

Jennifer Oliphant, Hope for Tomorrow Program Director, Two Feathers Native American Family Services

Jessica Cruz, Chief Executive Officer, NAMI - California

John Boyd, Vice President Behavioral Health and Wellness, Kaiser Permanente, NCAL

Kenna Chic, former President of Project Lighthouse

Keris Jän Myrick, Vice President of Partnerships, Inseparable (Mental Health Advocacy and Programs)

Kirsten Barlow, Vice President, Policy, California Hospital Association (CHA)

Lan Nguyen, Division Manager, Crisis and Suicide Services, County of Santa Clara Behavioral Health Services Department

Le Ondra Clark Harvey, Chief Executive Director, California Council of Community Behavioral Health Agencies (CBHA)

Lee Ann Magoski, Director of Emergency Communications, Monterey County

988-Crisis Policy Advisory Group Members

Lei Portugal Calloway, Certified Medical Peer Support Specialist, Telecare Orange County

Melissa Lawton, Chief Program Officer, Seneca Family of Agencies

Michael Tabak, Lieutenant, San Mateo County Sheriff's Office*

Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)

Miguel Serricchio, Executive Vice President, LSQ Funding Group

Nancy Bargmann, Director, California Department of Developmental Services

Peggy Rajski, Founder and Interim CEO, The Trevor Project

Phebe Bell, Behavioral Health Director, Nevada County

Rayshell Chambers, Commission Member, Mental Health Services Oversight and Accountability Commission (MHSOAC)

Rebecca Bauer-Kahan, CA State Assemblymember/Author of AB988, State of California, AD 16

Rhyan Miller, Behavioral Health Deputy Director, Riverside County

Robb Layne, Executive Director, California Association of Alcohol and Drug Program Executive, Inc (CAADPE)*

Robert Smith, Chairman, Pala Band of Mission Indians

Roberto Herrera, Deputy Secretary, Veterans Services Division, California Department of Veterans Affairs (CalVet)

Ryan Banks, CEO, Turning Point of Central Valley, Inc.

Shari Sinwelski, Vice President of Crisis Care, Didi Hirsch

Sohil Sud, Director, Children and Youth Behavioral Health Initiative, California Health & Human Services Agency

Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS)

Stephen Sparling, California Coalition for Youth

Susan DeMarois, Director of California Department of Aging (CDA)

Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute

Taun Hall, Executive Director, The Miles Hall Foundation

■ Process Update: PAG Meeting Topics

#	Topics	Date
1	<ul style="list-style-type: none">• Orientation to the Process and Workgroups• Relationship Building	12/13/23
2	<ul style="list-style-type: none">• Grounding in CCCP and Comprehensive Assessment Approach• Breakouts on Access, Equity, Coordination	2/7/24
3	<ul style="list-style-type: none">• Discussion of 988 standards, guidance and technology• Information/recommendations from Workgroups 1, 2, 3	4/24/24
4	<ul style="list-style-type: none">• Discussion of data, goals and metrics• Continued discussion of emerging recommendations• Provide feedback on Chart Book edits from PAG#3• Workgroup 4 Report Out (Co-chairs)	6/26/24
5	<ul style="list-style-type: none">• Review information/recommendations from workgroups 4,5,6 and Peers	8/14/24
6	<ul style="list-style-type: none">• Review draft 5-year implementation plan	9/18/24
	PUBLIC COMMENT PERIOD	10/1-30/24
7	Final Advisory Meeting and review of the Plan	11/20/24

■ Process Update: 988-Crisis Workgroups

**#1 Comprehensive
Assessment of BH
Crisis Services
Workgroup**

**#2 Statewide 988
Standards and
Guidance Workgroup**

**#3 988-911 BH Crisis
Care
Continuum Integration
Workgroup**

**#4 Communications
Workgroup**

**#5 Data and
Metrics Workgroup**

**#6 Funding and
Sustainability
Workgroup**

#1 Comprehensive Assessment of BH Crisis Services Workgroup

7	Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.
12	Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following: (A) Statewide and regional 988 centers. (B) Mobile crisis team services, including mobile crisis access and dispatch call centers. (C) Other existing behavioral health crisis services and warm lines. (D) Crisis stabilization services.

#2 Statewide 988 Standards and Guidance Workgroup

1	Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.
2	Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.
3	Compliance with state technology requirements or guidelines for the operation of 988.
5	988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week.

#3 988-911 BH Crisis Care Continuum Integration Workgroup

6	Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.
7	Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.
9	Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.

#4 Communications Workgroup

8	Statewide and regional public communications strategies informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.
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#5 Data and Metrics Workgroup

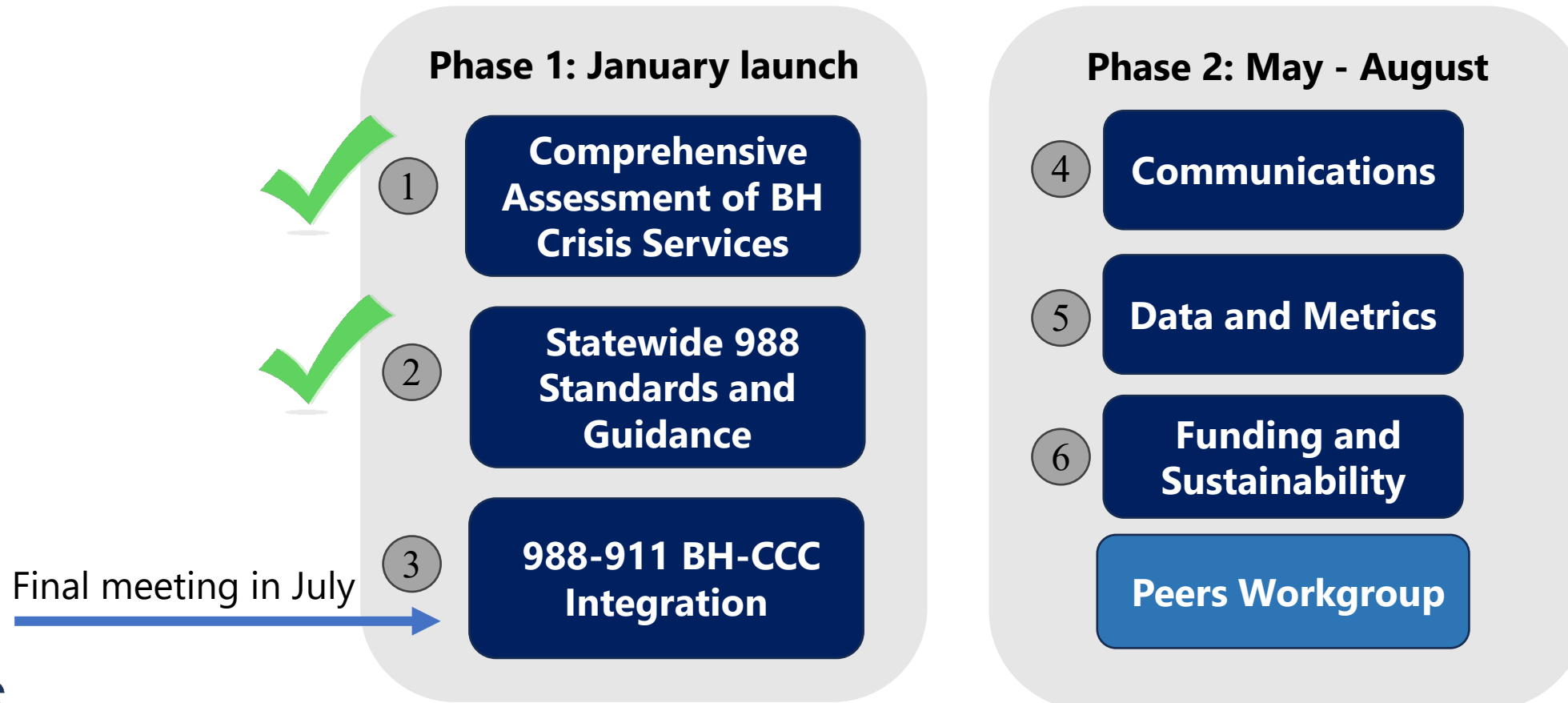
10	Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.
11	A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

#6 Funding and Sustainability Workgroup

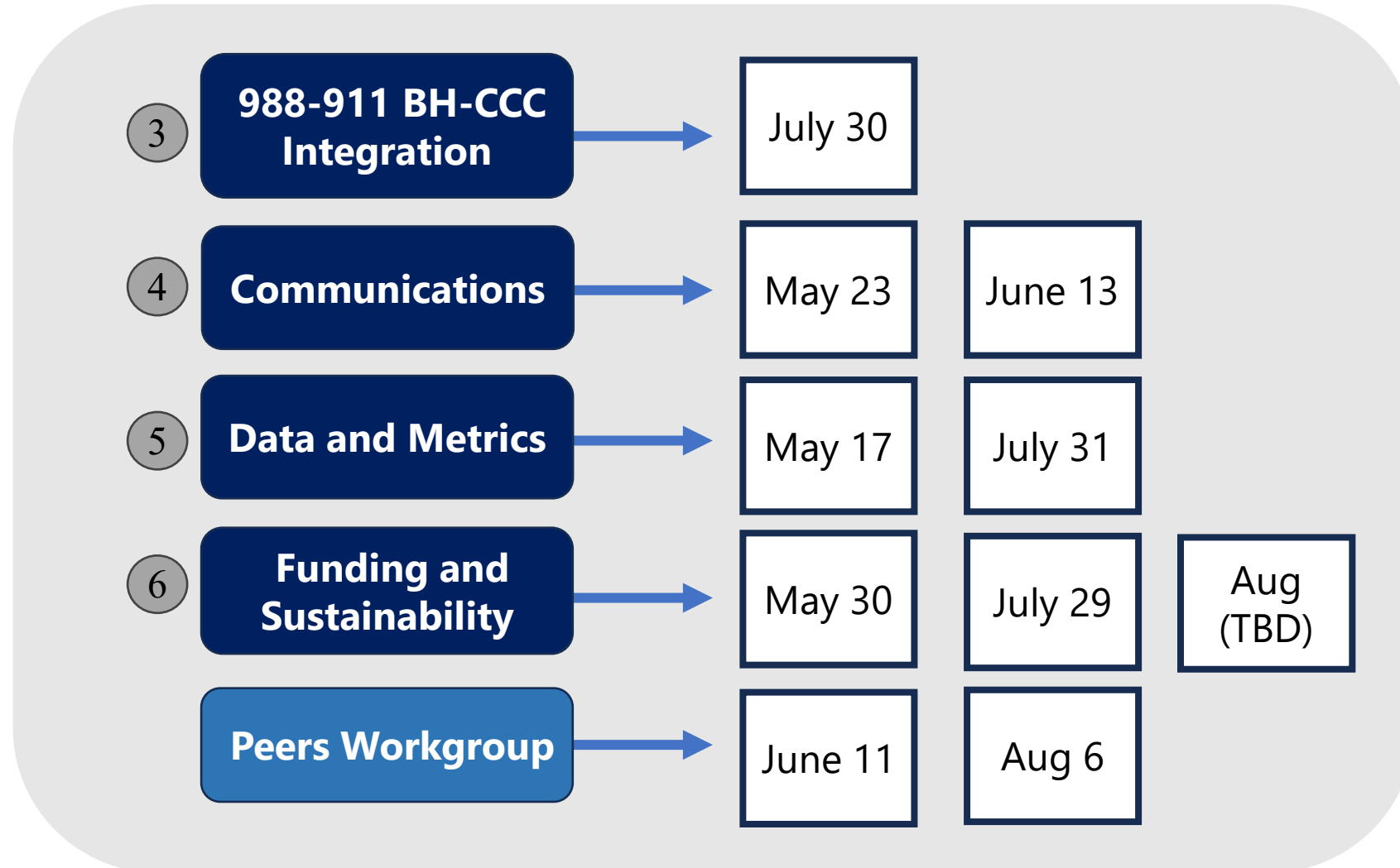
4	A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
13	Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.
14	<p>Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:</p> <p>(A) To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.</p> <p>(B) Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185a).</p>

■ Process Update: 988-Crisis Workgroups

The first three Workgroups launched in January, with the remaining three launching in late spring. This phased approach helps to ensure that insights, recommendations, and questions from Phase 1 inform Phase 2 discussions.



Upcoming Workgroups



■ CalOES TAB/CalHHS Policy Advisory Group Topic Alignment

(i) Recommendations on the feasibility and plan for sustainable interoperability between 988, 911, and behavioral health crisis services, including the identification of any legal or regulatory barriers to the transfer of 911 calls.

Corresponds to 988-Crisis Workgroups 2, 3 and 6

- (4) A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
- (5) 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week.
- (6) Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.
- (9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services...

■ CalOES TAB/CalHHS Policy Advisory Group Topic Alignment

(ii) The development of technical and operational standards for the 988 system that allow for coordination with California's 911 system.

(3) Compliance with state technology requirements or guidelines for the operation of 988.

Corresponds to 988-
Crisis Workgroup 2

■ CalOES TAB/CalHHS Policy Advisory Group Topic Alignment

(iii) The creation of standards and protocols for when 988 centers will transfer 988 calls into the "911" public safety answering point or points (PSAP), and vice versa.

Corresponds to 988-Crisis Workgroups 2 and 3

(1) SAMHSA requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.

(9) Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.



Draft Recommendations from Workgroups 1-3

■ Workgroup 1: Comprehensive Assessment

Workgroup Charge: What does the workgroup need to consider and assess to inform **resource and policy changes** to support a five-year implementation plan for a comprehensive 988 system?

- Goal is to inventory the behavioral health crisis system infrastructure and capacity and to outline the existing needs and gaps in the system
- Creating a chartbook as a resource to gather information relevant to infrastructure, capacity and needs
- Will help inform future investments and priorities

■ Workgroup 2: Statewide 988 Standards and Guidance

Workgroup Charge: Craft recommendations regarding **988 infrastructure, staffing, and training standards** that will support 24/7 statewide access to crisis counselors via call, text, and chat

■ Workgroup 2 Takeaways

- 988 as an entry point, with 988 crisis counselors connecting people to the right care at right time
- Expected 988 crisis counselor competencies may include screening for substance use disorders (SUD), physical health issues, non-crisis mental health
 - Need more standardization and better understanding of expectations of 988 crisis centers
- Importance of:
 - Trauma-informed approaches
 - Culturally responsive practices
 - Ongoing engagement of individuals with lived experience
 - Best practices & existing research

■ Workgroup 2 Draft Recommendations

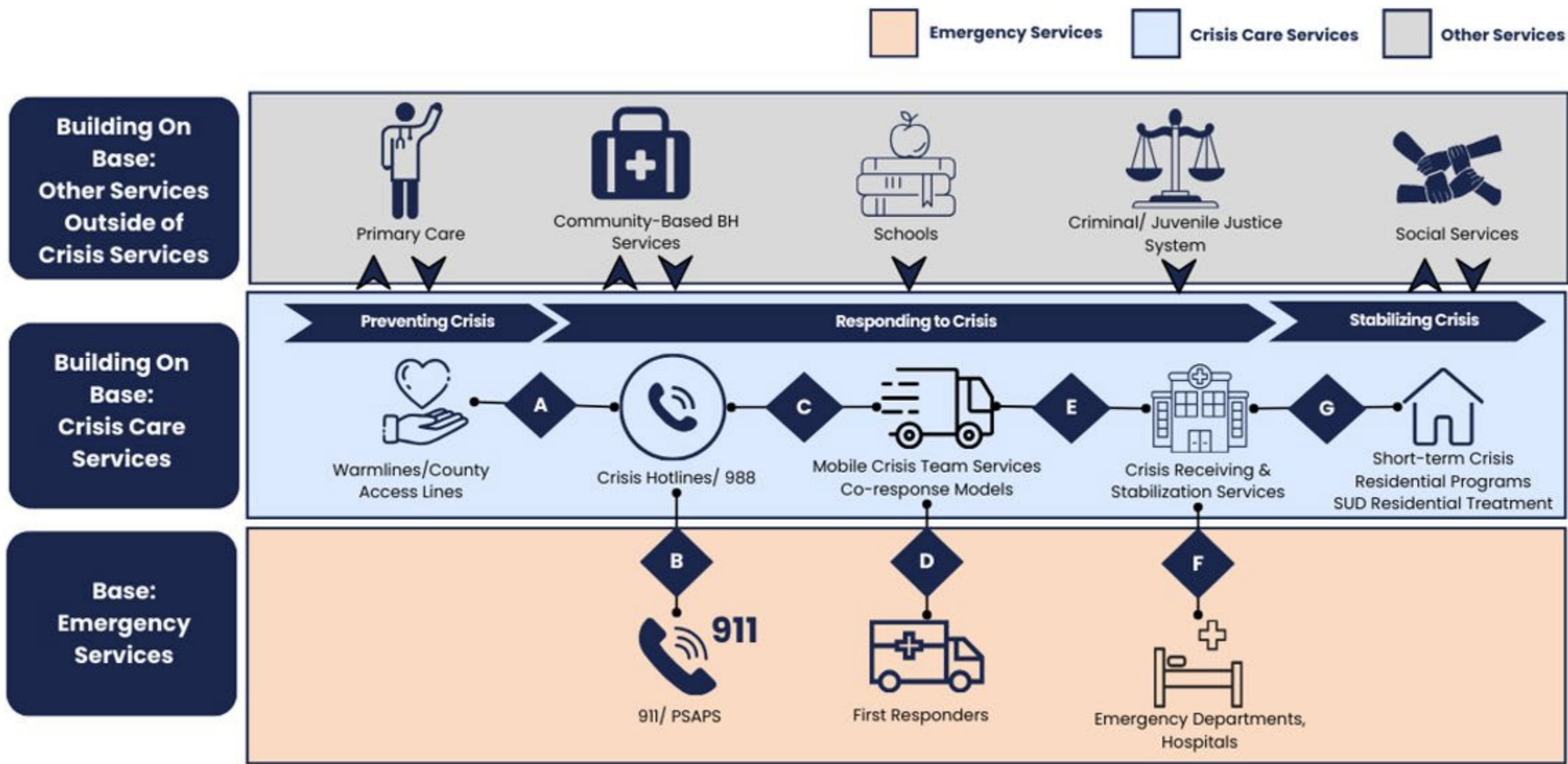
1. Define current and future **scope** for 988 Crisis Centers
2. Develop minimum standards for **comprehensive training requirements** and guidance for 988 Crisis Counselors
3. Establish **minimum qualification requirements** for Crisis Counselors consistent with the future scope for 988 Crisis Centers
4. Establish systems for the **oversight and monitoring** of 988 Crisis Centers

■ Workgroup 3: 988-911 BH-Crisis Care Continuum Integration

Workgroup Charge: Craft recommendations for cross-sector integration within and outside the behavioral health crisis care continuum.

- Focus includes warm hand-offs between 911 and 988 Crisis Centers, along with further coordination between 988 and the continuum of behavioral health crisis services
- Workgroup discussions about integration between 911 and 988 will **complement the CalOES Technical Advisory Board's work to enable transfers between 911 and 988**

Transitions in Crisis Care (non-exhaustive)



Adapted from: California Health and Human Services Agency, "Behavioral Health Crisis Care Continuum Plan" (2023), page 25.

■ Workgroup 3 Takeaways

- Efforts to advance coordination across the continuum need to account for:
 - The many options for routing services & multiple intersections points
 - Variation by geography & population
 - Leveraging/supporting community-based organizations
 - Minimizing the number of times a person is asked to share the same information
- Interest in statewide baseline standards that allow for regional variation & flexibility
- Statewide baseline standards should address warm hand-offs, in-person response, co-response from law enforcement & emergency medical response

■ Workgroup 3 Draft Recommendations

1. Promote and facilitate collaboration and coordination of state, county and local implementation partners to connect individuals in behavioral health crises to in-person response when needed.
2. Develop minimum standards for streamlined transfers, including mobile crisis and transfers to follow-up care.
3. Leverage, build out and maintain local and state resource compendiums to support connection to trusted community resources.
4. Establish policies for Emergency Medical Services to triage and transport individuals in crisis to alternate destinations based on predefined criteria.
5. Establish protocols for assessing the need for warm hand-offs between crisis centers, contract providers, and first responders across the continuum.
6. Foster information exchanges between implementation partners to ensure continuity of care and reduce administrative burden on individuals seeking help.
7. Monitor response times and follow up to ensure promote information sharing among responders.

■ Next Steps

- Workgroup 4, 5, and 6 launching this month
- Next meeting of the Policy Advisory Group is scheduled for June 24, 2024
- Public notice and zoom link (as well as recording and slides from previous meetings) available at [988-Crisis Policy Advisory Group - California Health and Human Services](#)

For more information:

Please email CHHS AB988Info <AB988Info@chhs.ca.gov>

Visit [CalHHS's 988 Suicide and Crisis Lifeline Webpage](#)

988 Suicide & Crisis Lifeline

The 988 Lifeline is an easy to remember three-digit number that anyone can call to receive support when experiencing a suicidal, mental health and/or substance use- related crisis. To reach the Lifeline, people can call or text 988 or chat at Lifeline (988lifeline.org). People who are worried about a loved one who may need crisis support may also use 988 to receive guidance and support. This number is in addition to existing national, state-wide, and local call lines for emergency and non-emergency support.

 Text/Chat 988

There are additional national, state-wide, and local call lines for emergency and non-emergency support.

- [988 Suicide and Crisis Lifeline FAQ](#)
- [Relationship between 988 and 911 FAQ](#)
- Additional information regarding 988 can be found on [SAMHSA's 988 Website](#), including answers to [Frequently Asked Questions](#).



Item 7: FCC, and Vibrant Updates

- The FCC has released a Notice of Proposed Rulemaking for 9-8-8 georouting, FCC Docket No 18-336:

<https://www.fcc.gov/document/fcc-proposes-improvements-wireless-call-routing-988-lifeline-0>

- Comments are due to FCC 30 days after posting in Federal Registrar
- FCC rulemaking process can take 6-18 months to complete
- Vibrant:
 - Working with Vibrant and SAMHSA to finalize approval for ingress of 9-8-8 calls, chat, and text



Item 8: Agenda Items for Future Meetings

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

- 2024 Meeting Dates:
 - August 22, 2024, 10 AM – 12 PM
 - November 21, 2024, 10 AM – 12 PM



Item 9: Public Comment

Public Comment



Item 10: Adjourn

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

- **General Information:**

Samantha Huelsenkamp, State 9-8-8 Technical Advisory Board Liaison at (916) 894-5155, or via email at Samantha.Huelsenkamp@CalOES.ca.gov

- **Media Information:**

Bryan May, Public Information Officer at (916) 845-8449, or via email at Bryan.May@caloes.ca.gov