

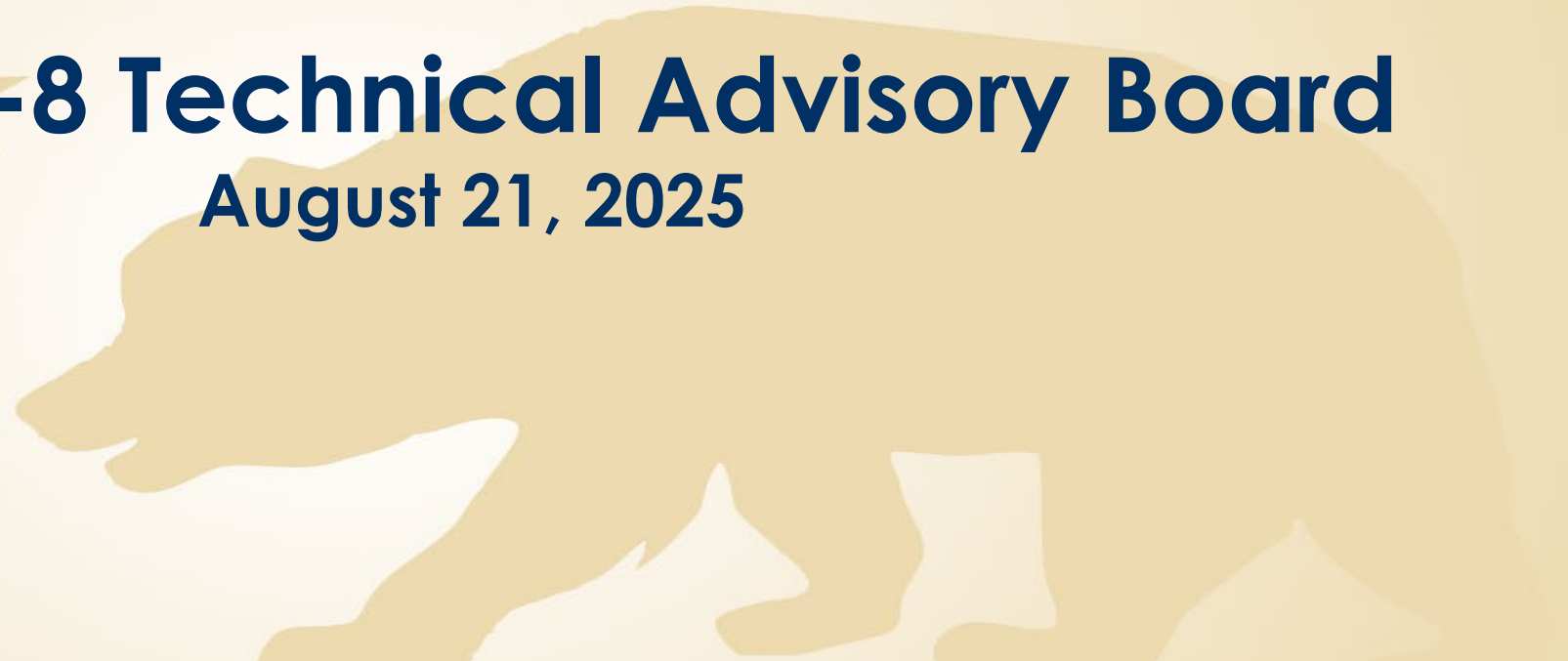


Cal OES

GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

State 9-8-8 Technical Advisory Board

August 21, 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, California State Association of Psychiatrists (CSAP)
- Joe Sullivan, Chief Information Officer, Emergency Medical Services Agency (EMSA)
- Terri Galvan, Suicide Prevention Services, Wellspace Health
- Shari Sinwelski, DiDi Hirsch Mental Health Services
- Lan Nguyen, Crisis and Suicide Prevention Lifeline Manager, Santa Clara County
- Diana Gutierrez, Riverside Health Services, Behavioral Health Services
- 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

May 2025 meeting minutes:

- Meeting was held in person at 630 Sequoia Pacific Blvd, Sacramento, CA



Item 3: Public Comment

Public Comment for Matters on the Agenda



Item 4: Legislative Update

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



Item 5: 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.*
- 9-8-8 Implementation Working Group Report: *Terri Galvan and Lan Nguyen.*



Item 6: Cal OES 9-8-8 Report

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

- Item 6-1: AB 988 Legislative Requirements
- Item 6-2: Statewide 9-8-8 CHS and CRM status
- Item 6-3: 9-8-8 Surcharge
- Item 6-4: SAMHSA, FCC, and Vibrant Updates



Item 6-1: AB 988 Legislative Requirements

- Established the 9-8-8 Technical Advisory Board to advise Cal OES on the following:
 - Feasibility and planning for sustainable interoperability between 9-8-8, 9-1-1, and behavioral health crisis services
 - Technical and operational standards for the 9-8-8 system that allow for coordination with California's 9-1-1 system
 - Standards and protocols for 9-8-8 center call transfers to 9-1-1, and vice-versa



Item 6-2: Statewide 9-8-8 CHS and CRM Status

- Confirmed State platform technology is installed in each center
- NGA has been providing training in the CHS and CRM
- Buckelew is the first LCC to pilot the State platform
- Vibrant has agreed to deliver 9-8-8 calls to support the pilot



Item 6-3: 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 6-3: 9-8-8 Surcharge Calculation

Description	Ref.	Amount
Authorized Expenditure	B1	\$43,778,000
Balance from Fund Condition Statement	B2	\$5,000,000
Revenue Needed for FY 2024-25	B4	\$38,778,000
$B4 = ((B1 - B2) + B3); \quad B7 = (B5 * (B6 * 12))$		
Estimated Number of Total Access Lines	B5	46,513,154
Surcharge (monthly)	B6	\$0.08
Projected Annual Revenue	B7	\$44,652,628

Note: This is a sample table to reflect how the 9-8-8 fee is calculated



Item 6-3: 9-8-8 Surcharge and Fund Condition Statement FY 2025-26

<u>3414 988 State Suicide and Behavioral Health Crisis Services Fund^s</u>			
BEGINNING BALANCE	\$24,728	\$44,674	\$45,223
Prior Year Adjustments	39	-	-
Adjusted Beginning Balance	<u>\$24,767</u>	<u>\$44,674</u>	<u>\$45,223</u>
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4140505 Suicide and Behavioral Health Telephone Surcharge	49,779	44,276	44,276
Total Revenues, Transfers, and Other Adjustments	<u>\$49,779</u>	<u>\$44,276</u>	<u>\$44,276</u>
Total Resources	<u>\$74,546</u>	<u>\$88,950</u>	<u>\$89,499</u>
EXPENDITURE AND EXPENDITURE ADJUSTMENTS			
0530 Secretary for California Health and Human Services Agency (State Operations)	4,256	-	575
0690 Office of Emergency Services (State Operations)	1,862	9,632	9,637
0690 Office of Emergency Services (Local Assistance)	4,605	20,280	20,280
4260 State Department of Health Care Services (State Operations)	-	728	728
4260 State Department of Health Care Services (Local Assistance)	19,000	12,500	30,000
7600 California Department of Tax and Fee Administration (State Operations)	149	587	615
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	-	-	989
Total Expenditures and Expenditure Adjustments	<u>\$29,872</u>	<u>\$43,727</u>	<u>\$62,824</u>
FUND BALANCE	<u>\$44,674</u>	<u>\$45,223</u>	<u>\$26,675</u>
Reserve for economic uncertainties	44,674	45,223	26,675



Item 6-4: SAMHSA, FCC, and Vibrant Updates

- Cal OES continues coordinating with SAMHSA and Vibrant tracking the MOU review
- Vibrant will support routing 988 calls to the States platform for the pilot testing and training period
- FCC ruling July 24, 2025 adopted rules to geo-route Text-to-9-8-8



Item 7: Health and Human Services Updates

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



**Update on 988-crisis to
Cal OES
Technical Advisory
Board
August 21, 2025**

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

Agenda

- CalHHS 988-Crisis highlights
 - 988 subnetwork for LGBTQI+ young people discontinued 7/17/25
 - CalHHS – The Trevor Project pilot partnership
 - Communication about 988
 - Mobile Crisis national survey
- Discussion: Equity – potential implementation activities
- Next Steps



CalHHS 988- Crisis Project highlights

988 LGBTQI+ youth subnetwork

- Press 3 option national 988 subnetwork served LGBTQI+ youth September 2022 until 7/17/25. Served 1.5 million contacts.
- About **10% of CA contacts to 988 chose Press 3** (*about 5000 calls/month, and 2000 chat/text per month*)
- LGBTQI+ subnetwork consisted of 7 centers nationwide, one of which was the Trevor Project (office address in West Hollywood, CA)
- Trevor Project served ½ the total national volume of 988 press 3
- **CA 988 crisis centers preparing to absorb increased volume to 988 local centers**

Partnership with The Trevor Project

- CalHHS' announcement 7/16/25:

Ahead of the Trump administration's decision to eliminate specialized suicide prevention support for LGBTQ youth callers through the 988 Suicide & Crisis Lifeline, California is taking action to improve behavioral health services and provide even more affirming and inclusive crisis services for LGBTQ young people. Through a [**new partnership with The Trevor Project**](#), the California Health and Human Services Agency (CalHHS) is providing the state's 988 crisis counselors enhanced competency training from experts, ensuring better attunement to the needs of LGBTQ+ youth, on top of the specific training they already receive.

[CalHHS Secretary Kim Johnson on 988 Lifeline for LGBTQ+ Youth and Young Adults in California](#)

Communication about 988

- September is National Suicide Prevention Month
- World Suicide Prevention Day is September 10
- National Suicide Prevention Week is the Monday through Sunday surrounding World Suicide Prevention Day
- 988 Day is September 8 (this year, beginning of National Suicide Prevention Week)
- [2025 Suicide Prevention Awareness Month Toolkit | SAMHSA](#)

Communication about 988 (cont.)

- DHCS is collaborating with AHP to launch billboards and advertisements during September for Suicide Prevention Month and promoting 988
- DHCS will provide info about 988 for CDTFA's internal communications campaign, "You Make a Difference" (focused on emergency services, 911, 988)
- CDPH [Suicide Prevention](#)

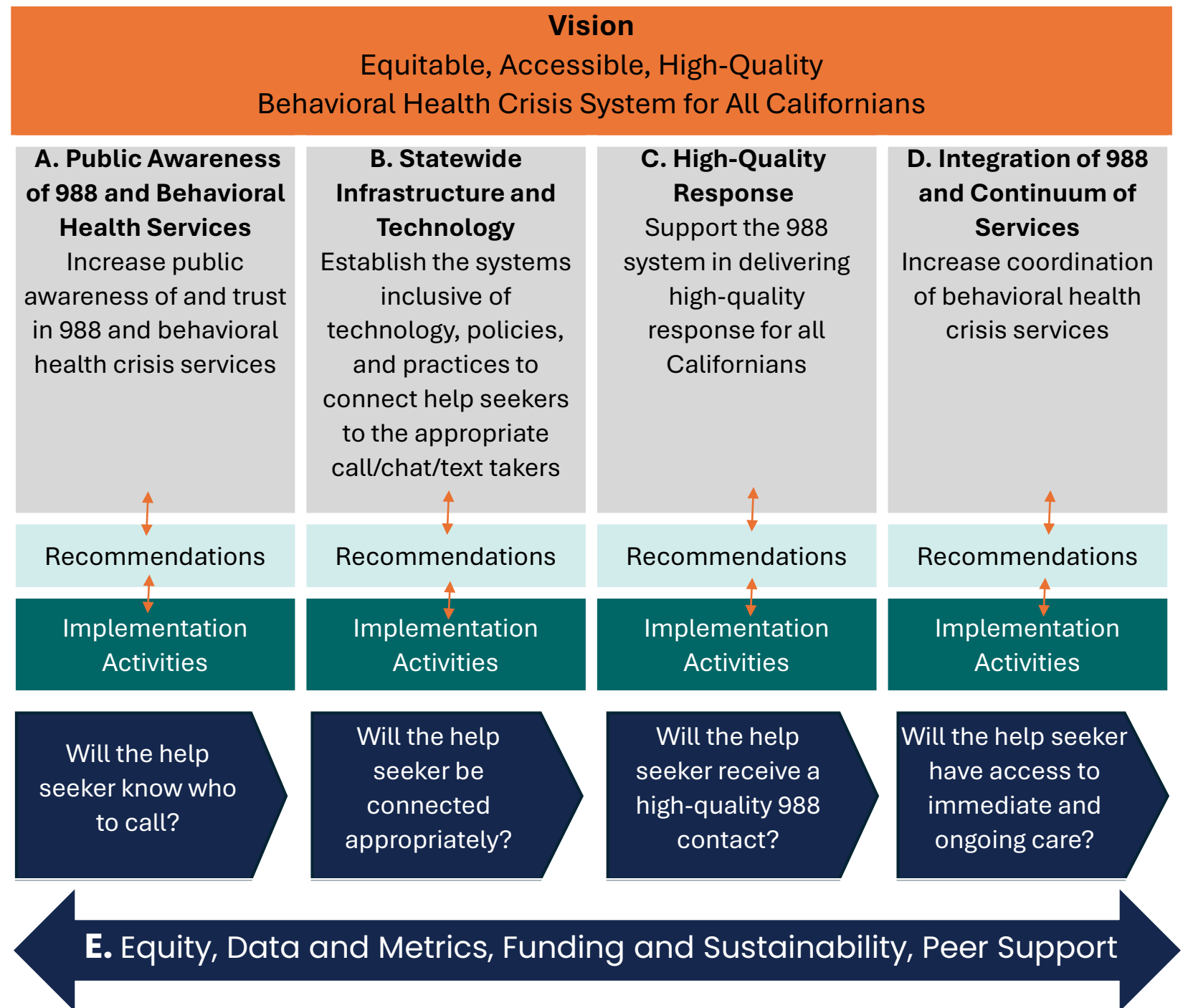
National Mobile Crisis Survey

- A team of researchers at Columbia University and Wayne State University is launching the second National Survey of Mobile Crisis Programs in Fall 2025. Building upon the [first national survey](#), this study will deep dive into 5 states, including California.
- CalHHS and DHCS are partnering with the research team to advance this study and broaden understanding of the various types of mobile crisis programs operating in California.
- Timeline:
 - October 2025 – Survey launches in five (5) partner states (including California), with one (1) month for programs to complete
 - November 2025 – National survey launches for remaining states; data analysis will follow
 - June 2026 – Project is completed and written products are released



AB 988 Plan: Potential Implementation Activities for Equity Goal

Organizing Framework



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)	Implement- ation 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	*	*		

E.1. Equity (continued)

Increase awareness of 988 and behavioral health crisis services for populations of focus through community driven communications strategies
(Goal A: Public Awareness of 988 and Behavioral Health Crisis Services)

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
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.2.b	Engage populations of focus as well as those with lived experience to support the development of tailored public health messages (translated appropriately and accessible in California's threshold languages) and dissemination strategies	CDPH	DHCS, 988 Crisis Centers, Tribal/CBO Partners	*	*	*	*
A.2.c	Engage CBOs and other trusted partners (e.g., educational institutions, state and peer run warmlines, etc.) as vehicles for delivering locally tailored messages using guidance and toolkits to support consistent messaging	CDPH	DHCS, EMSA, 988 Crisis Centers, County/ Tribal BH, Tribal/CBO Partners	*	*	*	*

E.1. Equity (continued)

Seek to lower barriers to accessing 988 and other BH services across the crisis care continuum
(Goal C: High-Quality 988 Response; Goal D: Integration of 988 and the Continuum of Services)

Incorporate equity into ongoing measurement and accountability activities
(Cross Cutting Recommendation E.3: Data & Metrics)

	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
C.2.e	Ensure future 988 training standards include training on cultural responsiveness, language access and other trainings for populations of focus	DHCS	988 Crisis Centers, EMSA	*	*	*	*
D.3.b	Develop policy recommendations to increase equitable access to crisis receiving and stabilization facilities (considering potential barriers such as costs, cultural factors, staffing, insurance coverage, acceptance and denial criteria, and other factors)	CalHHS	DHCS, DMHC			*	*
E.3.c	Examine mechanisms, consistent with privacy standards, to disaggregate 988 data by specific subgroups to identify disparities and opportunities to advance equity	CalHHS, DHCS	DHCS, DMHC, EMSA	*	*	*	*



Next Steps

Next Steps

Fall 2025	<p>Website(s) on 988</p> <p>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>
June 30, 2026	<p>First annual report on 988 implementation due</p>



Appendix



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

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.

Crisis Care - California Context

- **988 Crisis Centers**
 - 11 CA 988 crisis centers with over 1,000 staff
 - 988 crisis centers answered **over 380,000 contacts** during 1st year of 988 implementation (July 2022 – June 2023)
 - July 2023 – June 2024: answered **over 420,000 contacts**
 - July 2024 – June 2025: answered over **430,000 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: **458** 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 **52 counties** serving over **99% of Medi-Cal members** (as of June 2025)



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.

AB 988 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



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

- The Interface Working Group continues to receive feedback for the 9-1-1/9-8-8 transfer guidance document
- The Working Group is updating the drafted document
- Cal OES is collecting data from PSAPs that have current transfer policies in place



Item 9: Agenda Items for Future Meetings

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

2025 Meeting Dates:

- November 20, 2025, 10:00 AM – 12:30 PM

2026 Meeting Dates:

- February 19, 2026, 10:00 AM – 12:30 PM
- May 21, 2026, 10:00 AM – 12:30 PM
- August 20, 2026, 10:00 AM – 12:30 PM
- November 19, 2026, 10:00 AM – 12:30 PM



Item 10: Public Comment

Public Comment for Matters Not on the Agenda



Item 11: Adjourn

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

- **General Information:**

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