California Governor's Office of Emergency Services, 9-1-1 Emergency Communications 9-8-8 Lifeline Crisis Center Annual Expenditure and Outcome Report

**TD-988**

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| **This Form To Be Completed and Submitted Annually by all 9-8-8 Lifeline Crisis Centers** |
| **Agency:**  | **Date of Report:**  |
| Address:  | Representative Filing Report: |
| Address Line 2:  |  |
| City, State:  | Title / Agency Position: |
| Zip Code:  |  |
| Agency Manager:  | Email Address: |
| Email Address:  |  |
| Phone Number:  | Phone Number: |
| Fax Number:  |  |

**Budget and Personnel**

What is the date range of your current fiscal year?  to 

In the current fiscal year, what is the Agency's Annual Operating Budget? 

Projecting for the next upcoming fiscal year, what is the Agency's anticipated Annual Operating Budget? 

**For the following answers, please estimate the average number that you maintain from month to month. If there was a large change this year for any of these categories, please describe it.**

Number of full-time personnel employed at Agency: 

Number of part-time personnel employed at Agency: 

Number of volunteer personnel at Agency: 

Number of remote-work personnel at Agency: 

Please describe the Job Classifications of your personnel:



**Call Statistics (All questions pertain to the last year preceding the filing of this form):**

What counties / districts in the State of California are served by your Agency?



Approximately how many individuals contacting 9-8-8 (call, text, and chat) were served by the Agency in the last year?



Does your Agency have the ability to receive 9-8-8 National Lifeline Calls 24 hrs/day, 7 days/week, 365 days/year?



How many 9-8-8 calls were received by the Agency in the last year? 

What percentage of 9-8-8 calls received by the agency were answered? 

What was the average wait (hold) time for 9-8-8 calls received by the Agency? 

How many 9-8-8 calls were transferred to 9-1-1 in the last year? 

How would you describe your current capacity and ability to meet the demand for services?

Are there any changes you feel are necessary to better meet the demand for services?



Does your Agency have the administrative and technological infrastructure necessary to support the National 9-8-8 Lifeline and the technological modes of delivery for CA 9-8-8 CHS? If not, what do you feel needs improvement?



**Please provide data on outcomes for 9-8-8 callers served by your Agency, if known:**

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**Please describe your Agency's use of Mobile Crisis Units:**

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**Please describe the Health Coverage Status of the individuals served by your Agency, if known:**

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**Did your Agency bill any amount to Medi-Cal or other public or private healthcare service plans or insurers? If so, what amount was reimbursed to your Agency?**

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| ***Statement of Compliance: We each undersigned affirm that this information is complete and true to the best of our knowledge, and also affirm that the designated 9-8-8 Lifeline Crisis Center we represent will participate in the CA 9-8-8 Lifeline Crisis Center funding in compliance and accordance with the statute established to fulfill AB 988: Gov code Section 53123.4 Section (b) (2) The revenue generated by the 988 surcharge shall be prioritized to fund the following: First, the 988 centers, including the efficient and effective routing of telephone calls, personnel, and the provision of acute mental health services through telephone call, text, and chat to the 988 number.***1. ***Second, the operation of mobile crisis teams accessed via telephone calls, texts, or chats made to or routed through 988, as specified under Section 4(a)(2)(B) of Public Law 116-172.***
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| **SUBMITTED BY:** | **AGENCY:** | **SIGNATURE:** | **DATE:** |
| **REVIEWED BY:** | **OES POSITION:** | **SIGNATURE:** | **DATE:** |