



STATE OF CALIFORNIA
CALIFORNIA GOVERNORS OFFICE OF EMERGENCY SERVICES
**Crisis Center Annual Expenditure and
Outcome Report**
OES-PSC-988 (Rev.09/25)



PUBLIC SAFETY COMMUNICATIONS

Pursuant to CA GOV § 53123.4 this form is to be completed and submitted annually by a designated 988 Center seeking funds through the 988 Suicide and Behavioral Health Crisis Services Fund. The completed form should be submitted annually by March 31st. The information provided should reflect data for the previous year. This form can be submitted by mail to: Cal OES PSC CA 9-1-1 Emergency Communications Branch Attn: OES-PSC-988 601 Sequoia Pacific Blvd, MS 9-1-1, Sacramento, CA 95811-02311. It can be submitted by email to: CA911Branch@caloes.ca.gov with subject line "OES-PSC-988".

988 Center:	Date of report:
Address:	Representative Filing Report:
Address Line 2:	
City, State:	
Zip Code:	Title/Agency Position:
Center Contact:	Email Address:
Email Address:	
Phone Number:	Phone Number:
Fax Number:	

Budget

What is the date range of the Center's current fiscal year? _____ to _____

What was the 988 Center's operating budget? _____

Personnel (the questions in this section pertain 988 call takers (including texts and chats))

Number of full-time personnel employed at the Center: _____

Number of part-time personnel employed at the Center: _____

Number of volunteer personnel at the Center: _____

Number of onsite, remote, and remote/onsite personnel: _____

Please describe the job classifications of personnel at the Center that directly support 988. _____



System Performance

What counties does this Center primarily serve? For what counties does this Center serve as a back-up another 988 Center?

Provide the number of individuals served by this 988 Center:

Does this Center have the ability to receive 988 contacts 24 / 7 / 365?

What was the average hold time (in seconds) for 988 calls received by the Center?

How many 988 calls were transferred to 9-1-1 from this Center?

How many 9-1-1 calls were transferred to this 988 Center?

Describe the Center's capacity and ability to meet the demand for 988 services.



Outcomes

Please describe the outcomes for 988 contacts served by this Center.

Mobile Crisis Units:

Please describe the Center's use of and coordination with mobile crisis response teams.

Health Coverage Status:

Please describe the Health Coverage Status of the individuals served by this 988 Center.

Statement of Compliance: As a designated CA 988 Lifeline Crisis Center, we attest that the information contained herein is true and any funds received will be utilized in accordance with GOV § 53123.4 and other applicable laws and statutes.

SUBMITTED BY:	AGENCY CONTACT:	SIGNATURE:	DATE:
For Cal OES PSC use:			
REVIEWED BY:	OES CONTACT:	SIGNATURE:	DATE: