



Building California's comprehensive 988-crisis system: AB 988 five-year implementation plan

**Presentation to SB 882
Advisory Council**
April 1, 2025

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Agenda

- CalHHS 988-Crisis Project highlights
 - AB 988 five-year implementation plan
- Crisis response - data
- Populations of Focus:
 - Individuals with Intellectual/Developmental Disabilities
- Q&A

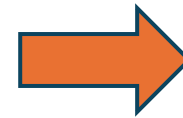
What is 988?

The logo features the number '988' in large white font on a dark blue background. To its right, the words 'SUICIDE & CRISIS' are stacked above 'LIFELINE' in a smaller white font, separated by a vertical line.

The [National Suicide Hotline Designation Act of 2020 \(NSHD\)](#) designates 988 as the three-digit national suicide prevention and mental health crisis hotline number.

Anyone who needs suicide, mental health, or substance use-related crisis support – or knows someone crisis – can call, chat, or text 988 to connect with a trained counselor.

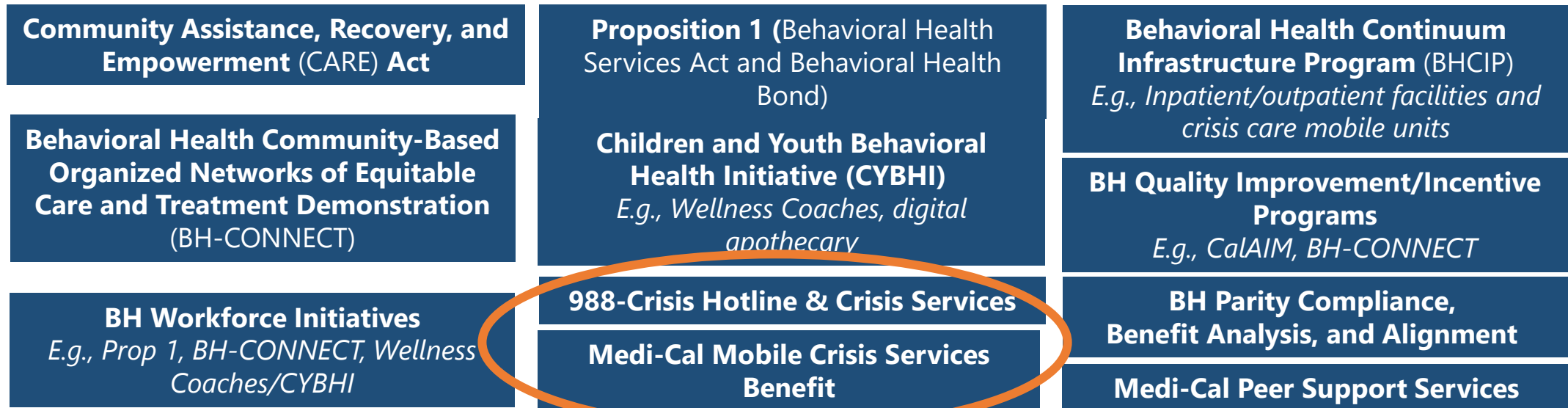
- Create an Equitable Pandemic Recovery
- Build a Healthy California for All
- Integrate Health and Human Services
- Improve the Lives of California's Most Vulnerable
- Advance the Well-Being of Children & Youth
- Build an Age Friendly State for All



Building Out California's Behavioral Health Continuum of Care



BUILDING BLOCKS OF TRANSFORMATION



A Healthy BH Continuum must include a Robust Crisis Care Continuum

Crisis Care Continuum Plan (CCC-P)



Identify the **state-wide vision for full set of services** for individuals experiencing crisis



Define state-wide **essential crisis services**



Provide a **high-level view of resources required, or current investments** that could be used



Outline a **governance model** to support implementation



Identify a **roadmap** to reach major milestones

Proposed Components of Future State Crisis Care Continuum

Behavioral health crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self-help, recovery support services, addressing stigma)



Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models



Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care



Essential Crisis Services Span the Continuum

= Near term (by FY 23-24)
 = Medium term (by FY 26-27)
 = Long term (by FY 28-29)

Preventing Crisis
Peer-Based Warmlines
Digital Apothecary <ul style="list-style-type: none"> • CYBHI digital platform: Brightlife and Soluna
Community Based Behavioral Health Services: <ul style="list-style-type: none"> • Community-based social services • School-based and school-linked services • Primary care clinics and FQHCs • Outpatient BH care • Peer support • Harm reduction • Medication for Addiction Treatment (MAT) • Housing services • Employment services

Responding to Crisis
Hotlines <ul style="list-style-type: none"> • Operate 24/7/365 • Answer all calls (or coordinate back-up) • Offer text / chat capabilities • Be staffed with clinicians overseeing clinical triage
Mobile Crisis Services <ul style="list-style-type: none"> • Operate 24/7/365 • Staffed by multidisciplinary team meeting training, conduct, and capability standards • Respond where a person is • Include licensed and/or credentialed clinicians

Stabilizing Crisis
Crisis receiving and stabilization services <ul style="list-style-type: none"> • Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model • Offer on-site services that last less than 24 hours • Accept all appropriate referrals • Design services for mental health and substance use crisis issues • Offer walk-in and first responder drop-off options • Employ capacity to assess & address physical health needs
Peer Respite In-Home Crisis Stabilization Crisis Residential Treatment Services <ul style="list-style-type: none"> • Operate 24/7/365

Post-Crisis Step-Down Services, such as (LT) <ul style="list-style-type: none"> • Partial hospitalization • Supportive housing Sobering Center

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkits, Sept 2018; Sept 13th BHTF meeting, DHCS: Existing California Medicaid Policies, proposed Medi-Cal Mobile Crisis Benefit, CalHHS



AB 988 Legislation: The Miles Hall Lifeline and Suicide Prevention Act (Sept 2022)

- Created 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 crisis 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

Legislatively Required Recommendations for Five-Year Implementation Plan

Alignment and Oversight and Final Recommendations

Recommendations and Guidance on an 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*

Community Outreach and Information Gathering to Feed Workgroups

Interviews

Surveys

Focus Groups

Research/Data

Statewide Collaboration

AB 988 Project Structure

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

Coordination with California HHS Departments and State Agencies



California's leadership hub during major emergencies and disasters.



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



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.

Five-Year Implementation Plan for a Comprehensive 988-Crisis System



Building California's Comprehensive 988-Crisis System:

**A Strategic
Blueprint**

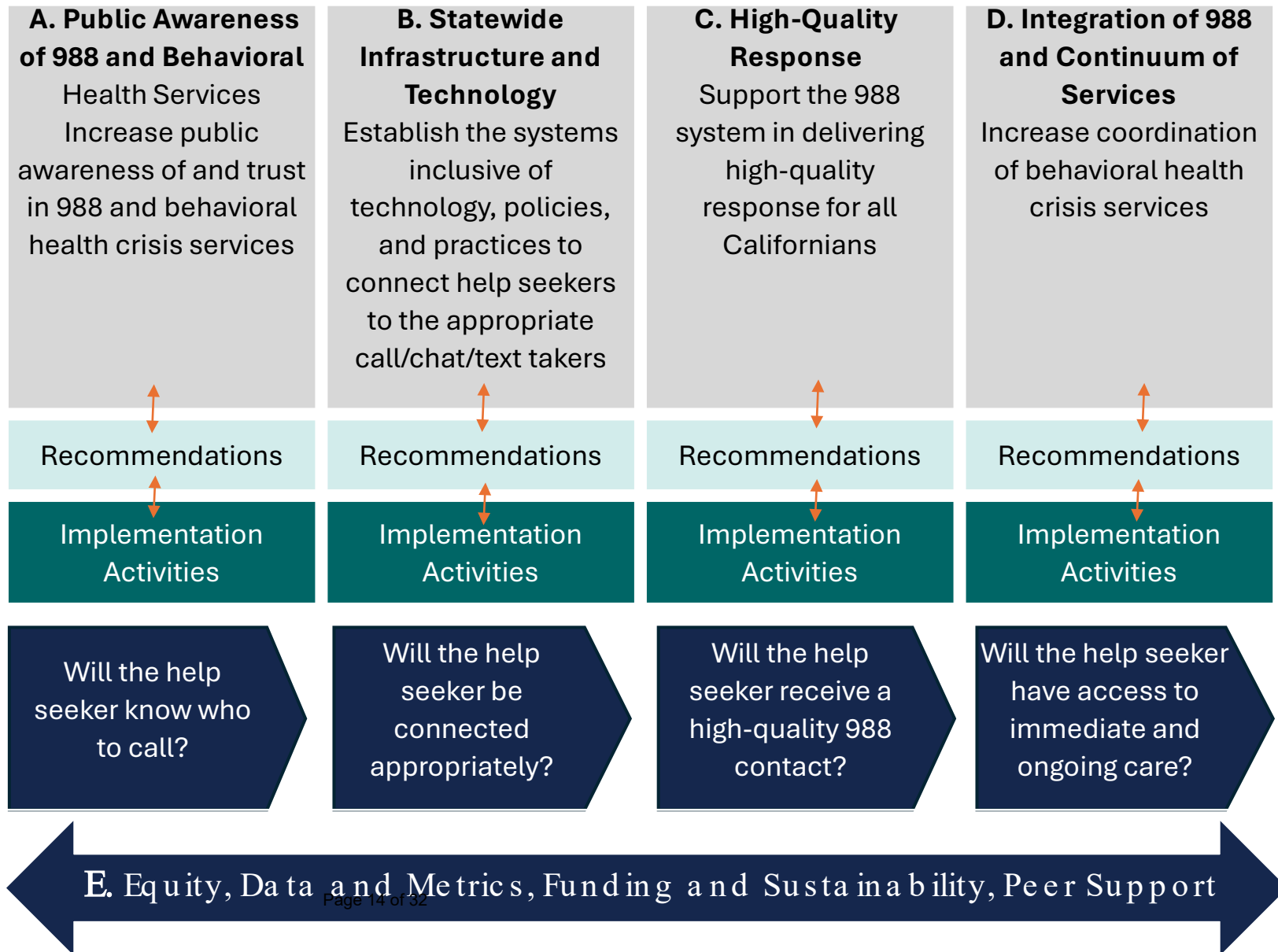
AB 988
Five-Year
Implementation
Plan to the
State Legislature

December 31, 2024

Organizing Framework

SB 882 Advisory Council Meeting April 1, 2025
Agenda Item 8: Presentation on AB 988 Five-Year Implementation Plan

Vision Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians



Desired Outcomes of the Future CA Crisis System

The Future State... (Adapted from the CCC-P)	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 <i>all</i> 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.

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.

	Potential 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	Ca IHHS	Ca IOES, 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 Ca IOES TAB	Ca IOES, Ca IHHS	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 Ca IOES TAB, starting with suicide-related contacts, using national guidance such as the National Emergency Number Association (NENA) standards and evidence-based tools	Ca IOES, Ca IHHS	DHCS, EMSA, PSAPs, 988 Crisis Centers			*	*
B.2.d	Develop guidance and related policy to connect and transfer help seekers bidirectionally 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, Ca I-FURS, Commercial Plans, Managed Care Plans, and Warm lines)	Ca IHHS, Ca IOES	DHCS, EMSA, County/ Tribal BH, 988 Crisis Centers	*	*		

C. High-Quality 988 Response

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

	Potential 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	Ca IHHS, 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	Ca IHHS, Cal OES	DHCS, 988 Crisis Centers	*	*	*	*
C.3.c	Develop a process to continually assess 988 Crisis Centers' performance as a part of the behavioral health 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, EMSA	*	*	*	
C.3.d	Support 988 Crisis Centers to expand scope of services and capacity to address behavioral health crises inclusive of mental health and substance use challenges.	Ca IHHS, 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	Ca IHHS, DHCS	Cal OES, DHCS	*	*	*	*

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	Ca IHHS	DHCS, County BH, DMHC		*	*	*
D.2.c	Assess gaps in community-based crisis response capacity and identify strategies to address gaps	Ca IHHS	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	Ca IHHS	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, Ca IHHS	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.1a	Explore the development of a dedicated Native American line/dial pad option	Ca IHHS	Cal OES, DHCS, Tribal/CBO Partners	*			
E.1b	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	Ca IHHS, Cal OES	DHCS, 988 Crisis Centers	*	*		

Note: Additional equity-focused implementation activities are embedded in the Plan and include the following: A.1b, 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	Ca IHHS	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)	Ca IHHS	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	Ca IHHS	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.

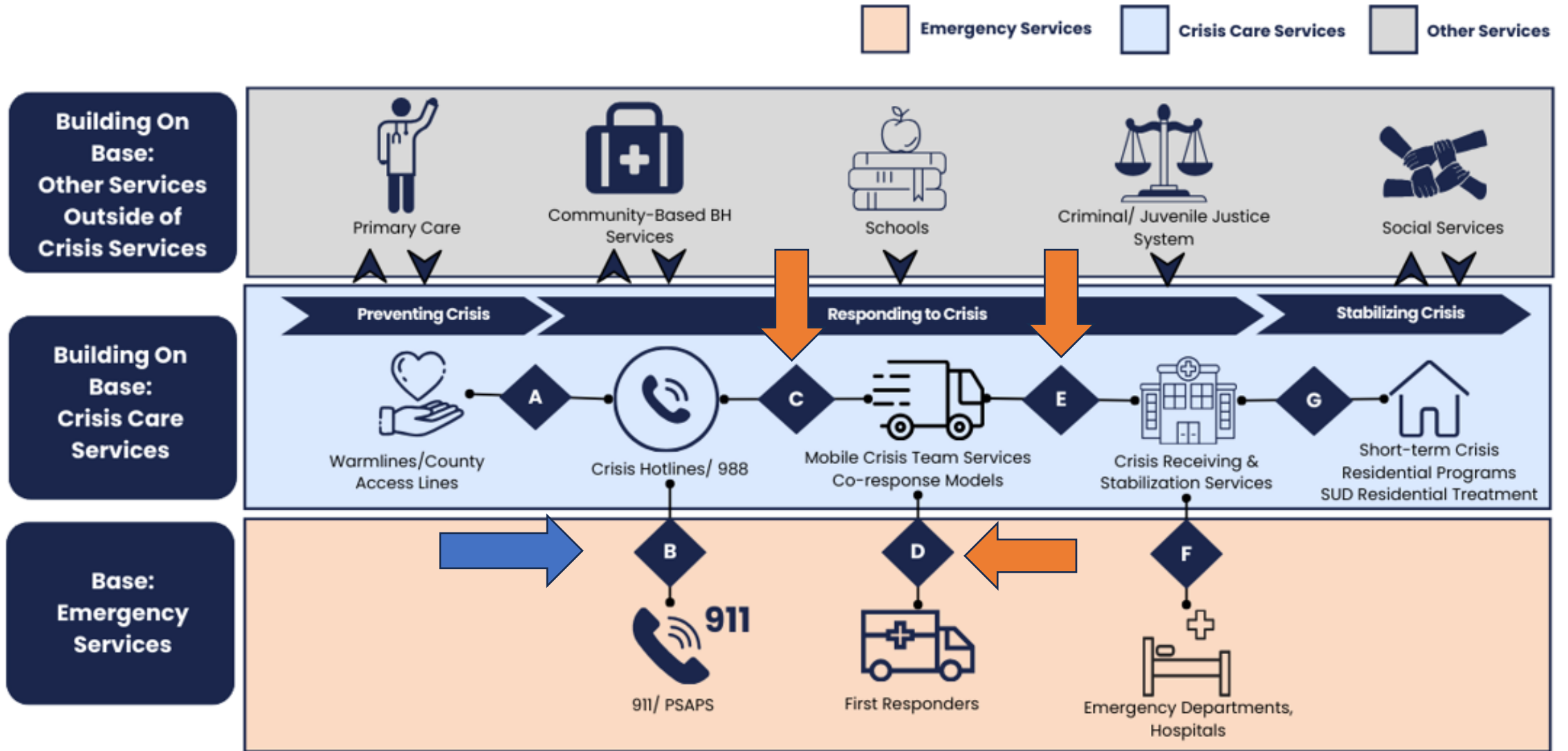
	Potential Implementation Activities	State Lead(s)	Implementation Partners	Year 1	Years 2	Years 3-4	Years 5+
E.3.a	Convene state entities to determine methods and measures to monitor, evaluate, and communicate the performance of the crisis system in the context of California's broader behavioral health transformation effort	Ca IHHS	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	Ca IHHS	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, Ca IHHS	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	Ca IHHS, 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+
E4.a	Increase consumer and provider awareness of the availability of peer support in behavioral health crisis services	Ca IHHS	DMHC, CDPH, DHCS	*	*		
E4.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	Ca IHHS	DMHC, DHCS, County/ Tribal BH, Tribal/CBO Partners	*	*		
E4.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)	Ca IHHS	DMHC, DHCS	*	*		
E4.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	Ca IHHS	Cal OES, DHCS	*	*		
E4.e	Promote training and supervision resources to support the ongoing development and advancement of Peer Supporters	Ca IHHS	DHCS	*	*	*	*

Transitions in Crisis Care (non-exhaustive)



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: **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 **49 counties** serving **99% of Medi-Cal members** (as of Jan 2025)
- California is building a state-based platform, the **California 988 Contact Handling System**, for full interoperability between 9-1-1 and 988



- As of December 2024, there are 12 988 Crisis Centers operating in California as of December 2024, as part of the [988 Suicide & Crisis Life line](#) national network
- Core functions of 988 Crisis Centers:
 - Support and de-escalation
 - Risk assessment
 - Safety planning
 - Connect to care/resources
 - Coordination of emergency services intervention, if necessary

All 988 Crisis Centers can be contacted by dialing 9-8-8. A full list of 988 Crisis Centers (as of December 2024), is listed below.*

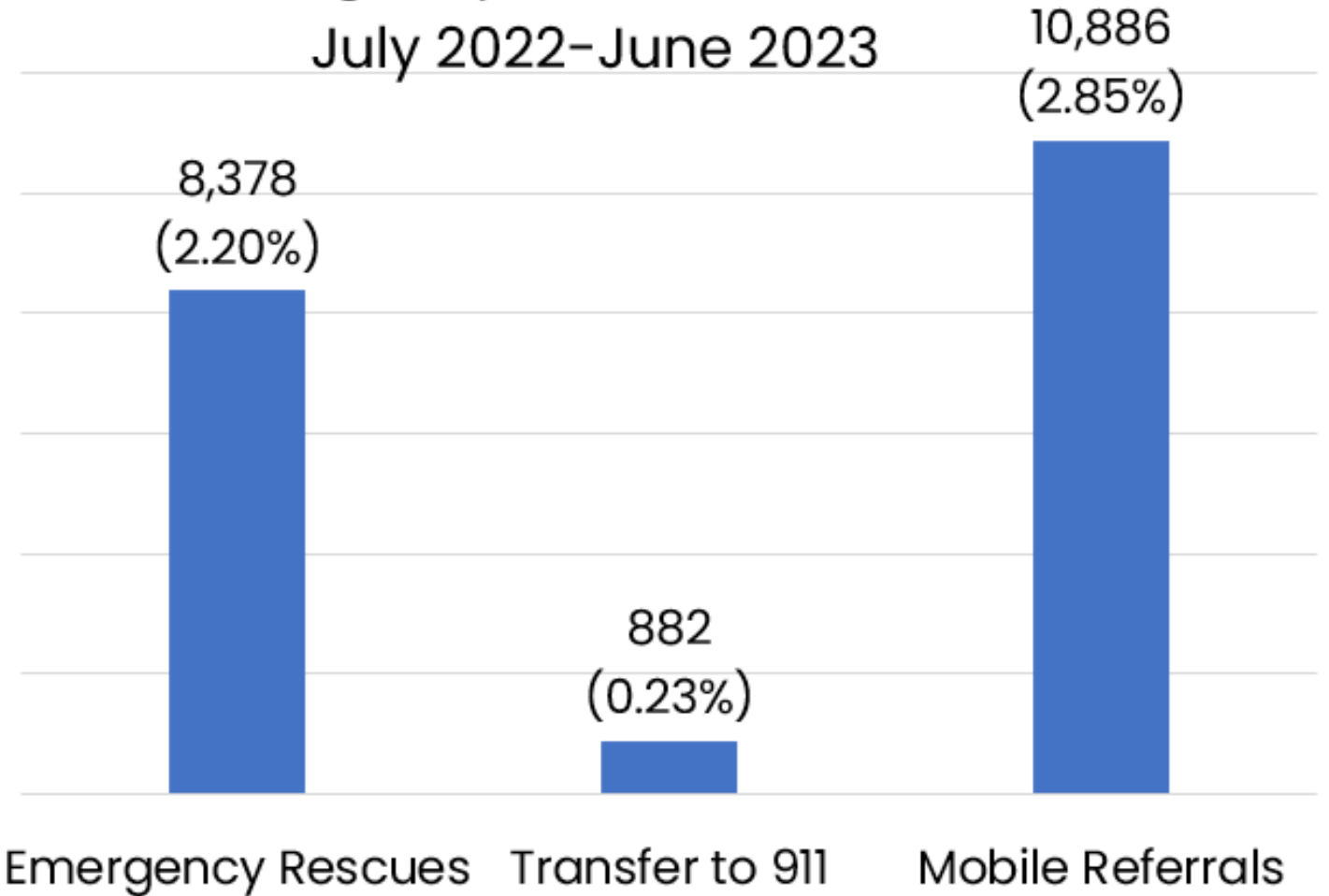
- Bucklew Programs: Novato, CA
- Kings View: Fresno, CA
- Contra Costa Crisis Center: Walnut Creek, CA
- Crisis Support Services of Alameda County: Oakland, CA
- Didi Hirsch Mental Health Services: Century City, CA
- Kern Behavioral and Recovery Services: Bakersfield, CA
- United Behavioral Health dba Optum: San Diego, CA
- San Francisco Suicide Prevention - Felton Institute: San Francisco, CA
- County of Santa Clara Behavioral Health Services: San Jose, CA
- Star Vista: San Francisco, CA
- Family Service Agency of the Central Coast: Santa Cruz, CA
- WellSpace Health: Sacramento, CA

Sources: [Crisis Centers by State and U.S. Territory](#); [988 Life line Best Practices](#); [988 Suicide & Crisis Life line Suicide Safety Policy \(2024\)](#); Discussion with California 988 Crisis Centers

Note: The cities listed represent the location of the 988 Crisis Centers; not the entire geographic areas covered by the 988 Crisis Center

Emergency Intervention Data

July 2022–June 2023



Of the 38,153 contacts to a CA 988 Suicide and Crisis Life line between July 2022 and June 2023:

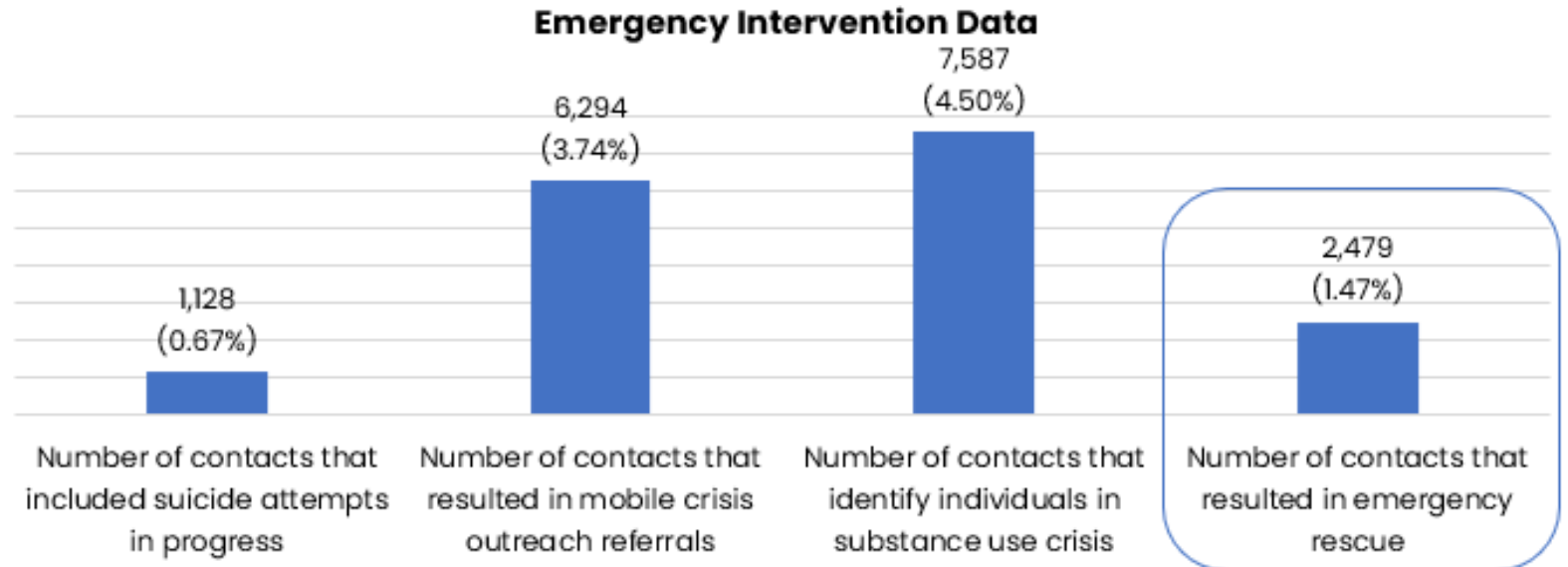
- 8,378 (2.20%) resulted in an emergency rescue
- 882 (0.23%) resulted in a transfer to 911
- 10,886 (2.85%) resulted in a mobile referral

Note: Percentages reflect the proportion of total answered contacts

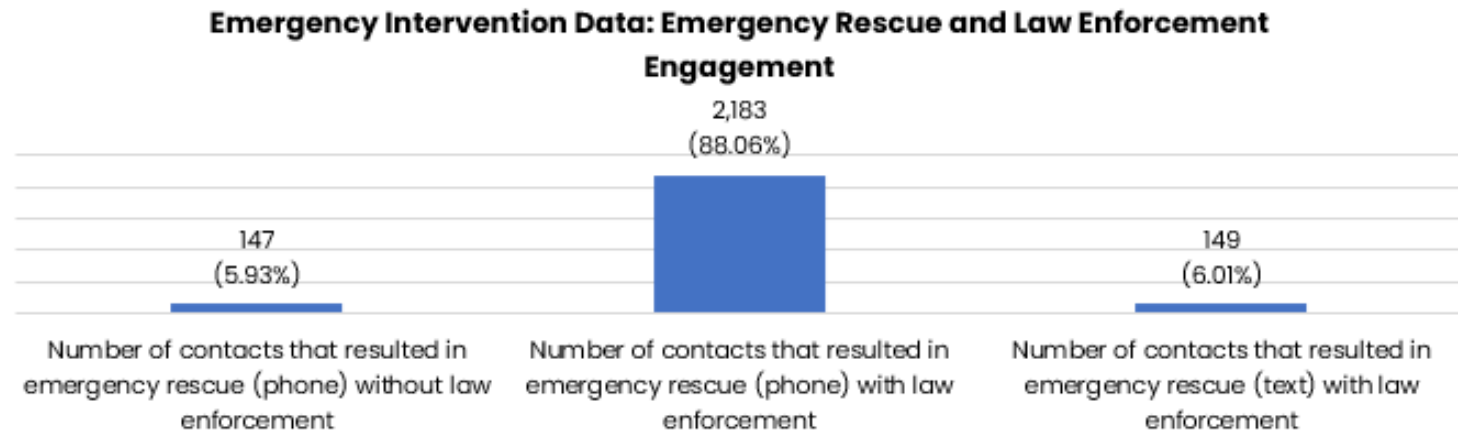
988 Data – California Emergency Intervention Data # 2

- Between October 2023 and March 2024, the CA 988 Suicide and Crisis Lifeline answered*:
 - 155,046 phone calls
 - 3,997 chats
 - 9,454 texts
- Of the contacts that resulted in emergency rescues, the majority were received by phone and included law enforcement.

*Additional Notes: Emergency rescue numbers are collected for chat/text services but are very small and not included in the accompanying charts. Also note that call data collected by 988 Crisis Centers within the California 988 Network can vary significantly from the values reported by Vibrant Emotional Health. As such, these values may differ from those reported by crisis centers themselves. Enhancing statewide data collection and analysis processes is an ongoing effort



Note: Percentages reflect the proportion of all answered contacts



Note: Percentages reflect the proportion of answered contacts that resulted in emergency rescues.





People with Intellectual and/or Developmental Disabilities

Population of Focus: People with Intellectual and/or Developmental Disabilities

Snapshot of Needs

Disability Data

- Over one quarter (26.6%) of Californians have a disability, similar to the national percentage
- Of those with disabilities, slightly less than half reported a cognitive disability (47.2%), followed by persons with mobility disabilities (42.9%)
- As of August 2023, 459,395 clients were being served by the state's regional centers.
- Of regional center clients, 53% were diagnosed with an intellectual disability, 47% with autism, 12% with epilepsy, 11% with cerebral palsy, and 11% other.*

Encounters with Police

- In 2022, 14% of individuals stopped by officers were perceived to have one or more disabilities (64,432 individuals). Mental disability was the most common reported (68.4%) while .04% were perceived to have a developmental disability. (California RIPA)
- Stopped individuals perceived or known to have a disability were more likely to have actions taken toward them (69.6%) (e.g., handcuffed, searched, ordered to exit a vehicle, etc.), compared to individuals not perceived to have a disability (24.4%)
- Stopped individuals perceived or known to have a disability had a higher proportion of stops reported as being in response to a call for services (58.3%), compared to individuals not perceived to have a disability (8.6%)

Behavioral Health

- Adults with disabilities are more than three times as likely to have depression than adults without disabilities

See the [AB 988 Chart Book](#) for Additional Information

*Individuals may have more than one diagnosis and be counted under multiple diagnoses

Source: CDC Disability and Health Data System (DHDS); Behavioral Risk Factor Surveillance System, 2022; California Department of Developmental Services, CMF and CDER data for status 1, 2, 8, and U in July 2022; [Open Justice – Data Point, Office of the Attorney General, Racial and Identity Profiling Advisory Board Annual Report 2024](#); [Office of the Attorney General, Racial and Identity Profiling Advisory Board 2024 Report Quick Facts](#); Behavioral Risk Factor Surveillance System, 2021

Resources: People with Intellectual and/or Developmental Disabilities

Services to Support Populations of Focus in Crisis

Crisis Response Services

- [988 ASL Videophone](#), Chat, or Text
- Mobile Crisis Services
- [Family Urgent Response System](#)

Training Resources for Crisis Response

- [People with Neurodivergence - 988 Lifeline](#)
- [Deaf, Hard of Hearing, Hearing Loss - 988 Lifeline](#)
- Medi-Cal Mobile Crisis [Archived Required Trainings](#)
 - Crisis Response Strategies for Adult Individuals with Intellectual and/or Developmental Disabilities (I/DD)
 - Crisis Response Strategies for Children, Youth, and Families, Including Intellectual/Developmental Disabilities (I/DD)

Next Steps

Spring 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>
July 1, 2025	Begin Year 1 of AB 988 five-year implementation plan