



**Building California's
comprehensive
988-crisis system**

**Presentation to
Commission for
Behavioral Health**

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Agenda

- Crisis Care Continuum – part of transforming behavioral health in CA
- Crisis Care Continuum Plan
- AB 988 five-year implementation plan
- Challenges and opportunities
- Q&A

Why Behavioral Health Transformation

Suicide

4,277 individuals died by suicide in California in 2022.¹ Suicide is the **third leading cause of death among young people** aged 15-24.²

Overdose

In California, the death rate from fentanyl **increased 10-fold** from 2015 to 2019.³

Workforce & Facility Shortages

- One-third of Californians live in an area with a **psychiatrist shortage**.⁴
- California has **shortage** of over 2,700 subacute psychiatric beds, almost 2,000 acute beds, and almost 3,000 community residential beds.⁵

Incarceration

An estimated **60%** of incarcerated Californians have **substance use disorders** and **one-fourth** have **serious mental illness**.⁶

Homelessness

*According to recent surveys of adults experiencing homelessness, over 20% of respondents who had used an illicit substance regularly in the last 6 months **wanted but did not receive treatment**.*⁷

Treatment Access

About **two-thirds of youth** in California with major depression **did not receive any mental health treatment** in 2024.⁸

1. [EpiCenter - California Injury Data Online](#)

2. [Youth Suicide Deaths](#)

3. [Substance Use in California, 2022: Prevalence and Treatment](#)

4. [Mental health workers: Why California faces a shortage - CalMatters](#) . Data from 2022.

5. [Adult Psychiatric Bed Capacity, Need, and Shortage Estimates](#)

6. [in California—2021 | RAND](#) . Data from 2022.

7. <https://www.chcf.org/project/corrections-community-reentry-health-care/#our-goal>

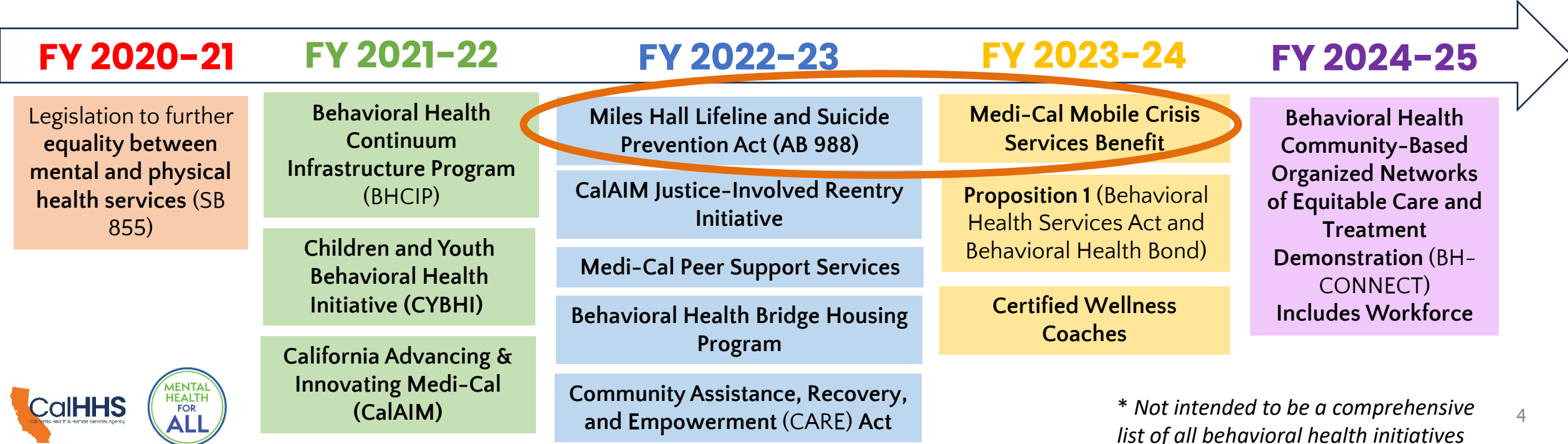
8. [Illicit Substance Use and Treatment Access Among Adults Experiencing Homelessness | Substance Use and Addiction Medicine | JAMA | JAMA Network](#) . Data from a 2021-2022 survey

8. [Youth data 2024 | Mental Health America](#)

Building Out California's Behavioral Health Continuum of Care



BUILDING BLOCKS OF TRANSFORMATION *



* Not intended to be a comprehensive list of all behavioral health initiatives

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	Responding to Crisis	Stabilizing Crisis	
<p>Peer-Based Warmlines</p> <p>Digital Apothecary</p> <ul style="list-style-type: none"> • CYBHI digital platform: Brightlife and Soluna 	<p>Hotlines</p> <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 	<p>Crisis receiving and stabilization services</p> <ul style="list-style-type: none"> • Operate 24/7/365 with multidisciplinary team • 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 	<p>Peer Respite</p> <p>In-Home Crisis Stabilization</p> <p>Crisis Residential Treatment Services</p> <ul style="list-style-type: none"> • Operate 24/7/365 <p>Post-Crisis Step-Down Services, such as (LT)</p> <ul style="list-style-type: none"> • Partial hospitalization • Supportive housing <p>Sobering Center</p>
<p>Community Based Behavioral Health Services:</p> <ul style="list-style-type: none"> • Community-based social services • School-based and school-linked services • Primary care clinics and FQHCs • Outpatient BH care • MAT and harm reduction • Peer support • Housing services • Employment services 	<p>Mobile Crisis Services</p> <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 		

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



Responding to Crisis



Implementation of the **Miles Hall Lifeline and Suicide Prevention Act** (AB 988) to build to capacity of **988 Crisis Centers**, which provide free and confidential emotional support to people in a suicidal crisis or experiencing a behavioral health emergency.

CalHHS submitted its [AB 988 Five-Year Implementation Plan](#) to the Legislature in January 2025.

Mobile crisis services

- Available as Medi-Cal benefit
- As of September 2024, there were 458 mobile crisis teams created or enhanced through the BHCIP Crisis Care Mobile Units (CCMU) Program

The enacted Fiscal Year (FY) 2025-26 Budget includes **\$30 million** in funding to support 988 Crisis Centers

What is 988?

The logo for the 988 Suicide & Crisis Lifeline. It features the number "988" in a large, white, sans-serif font on a dark blue background. To the right of the number is a vertical white line, followed by the words "SUICIDE & CRISIS" in a smaller, white, sans-serif font, and "LIFELINE" in a larger, white, sans-serif font below it. The background of the logo has a subtle green and blue gradient.

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.

Responding to Crisis: 988 Crisis Centers

- As of August 2025, there are 11 988 Crisis Centers operating in California, as part of the [988 Suicide & Crisis Lifeline](#) 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 August 2025), is listed below.*

- Buckelew 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
- Family Service Agency of the Central Coast: Santa Cruz, CA
- WellSpace Health: Sacramento, CA

Sources: [Crisis Centers by State and U.S. Territory](#); [988 Lifeline Best Practices](#); [988 Suicide & Crisis Lifeline 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

Calling 988

When someone calls 988, they will hear our automated greeting message that features additional options:

“

You have reached the 988 Suicide & Crisis Lifeline, also serving the Veteran Crisis Line. Para Español oprima el número dos. If you are in emotional distress or suicidal crisis, or are concerned about someone who might be, we are here to help.

If you are a US military veteran or current service member, or calling about one, please press 1 now. Otherwise, please hold while we route your call to the nearest crisis center in our network.

”



We'll play a little music while we connect the caller to a skilled, trained crisis counselor.

Our phone system will route the call to the closest crisis center in the Lifeline



CALL FLOW



Caller dials **988**



If the caller does not press a prompt, they are routed to their local crisis center



If the local center is unable to answer, the call is routed to our national backup network

If the caller presses "1" they are routed to the Veteran Crisis Line



ES

If the caller presses "2" they are routed to the Spanish sub-network



AB 988: The Miles Hall Lifeline and Suicide Prevention Act (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

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



In January 2025, CalHHS submitted the Five-Year Implementation Plan and accompanying materials to the State Legislature

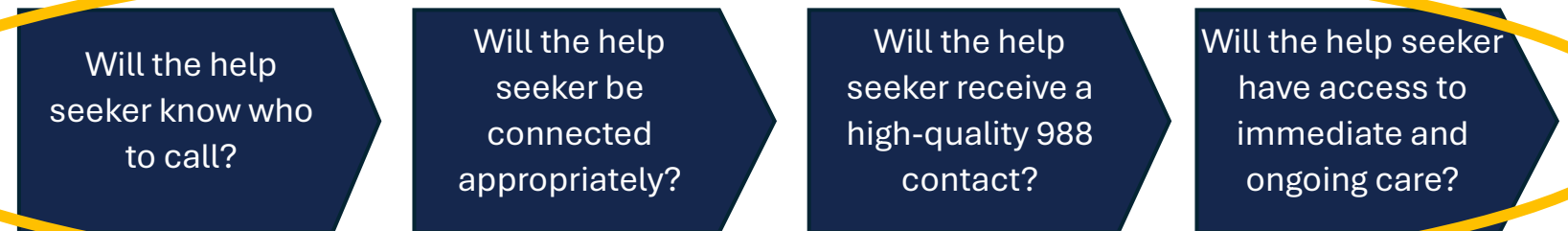
- [Building California's Comprehensive 988-Crisis System: A Strategic Blueprint \(AB 988 Five-Year Implementation Plan\)](#), which includes an executive summary, recommendations and information on the state governance structure for 988, and related appendices.
- [AB 988 Chart Book: An Inventory of Needs, 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

Organizing Framework

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

<p>A. Public Awareness of 988 and Behavioral Health Services Increase public awareness of and trust in 988 and behavioral health crisis services</p>	<p>B. Statewide Infrastructure and Technology Establish the systems inclusive of technology, policies, and practices to connect help seekers to the appropriate call/chat/text takers</p>	<p>C. High-Quality Response Support the 988 system in delivering high-quality response for all Californians</p>	<p>D. Integration of 988 and Continuum of Services Increase coordination of behavioral health crisis services</p>
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Recommendations	Recommendations	Recommendations	Recommendations
Implementation Activities	Implementation Activities	Implementation Activities	Implementation Activities



E. Equity, Data and Metrics, Funding and Sustainability, Peer Support

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.

Coordination with CalHHS 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 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.



Challenges and Opportunities

Crisis Care - California Context

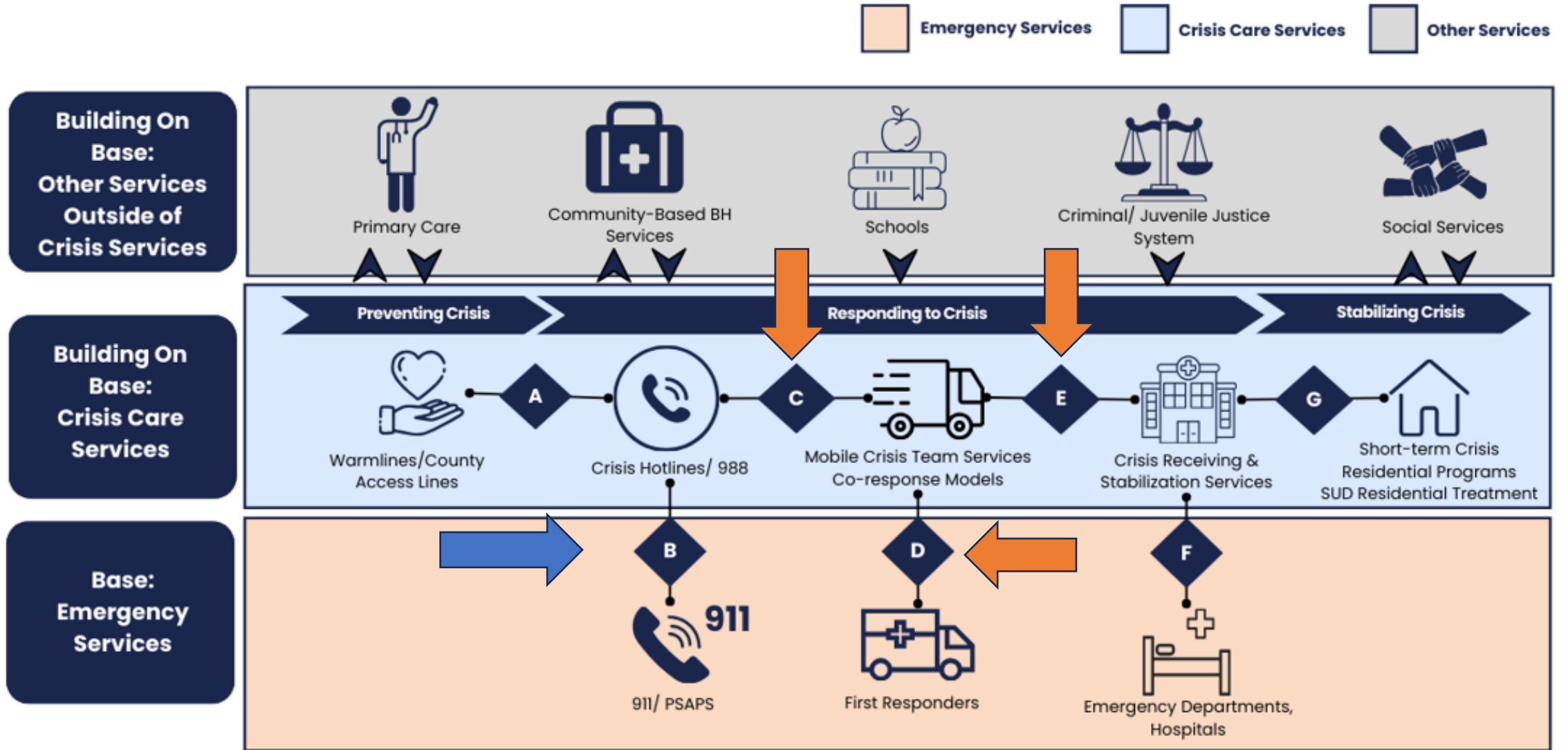
- **988 Crisis Centers**
 - 11 CA 988 crisis centers with over 1,000 staff
 - 988 crisis centers answered **over 380,000 contacts** during 1st year of 988 implementation (July 2022 – June 2023)
 - July 2023 – June 2024: answered **over 420,000 contacts**
 - July 2024 – June 2025: answered over **430,000 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)



Grantees

- Counties with 0 implementation grantees
- Counties with 1 or more implementation grantees
- Tribal Grantee

Transitions in Crisis Care (non-exhaustive)



Next Steps and Resources

Fall 2025	<ul style="list-style-type: none">• Website(s) on 988<ul style="list-style-type: none">• 988 - California Health and Human Services• 988-Crisis Policy Advisory Group - California Health and Human Services• 988 Suicide and Crisis Lifeline DHCS• State 9-8-8 Technical Advisory Board meets quarterly<ul style="list-style-type: none">• CA 9-8-8 Information California Governor's Office of Emergency Services• Contact AB988Info@chhs.ca.gov for questions about AB 988 implementation plan
June 30, 2026	First annual progress report on 988 implementation due



Thank you!
Q & A