REQUEST FOR INFORMATION (RFI)

RFI # 2026-774-CHHS

988 and the Behavioral Health Crisis Continuum Implementation

TO: **All Interested Parties**

FROM: **California Health and Human Services Agency**

SUBJECT: **Request for Information related to 988 and the Behavioral Health Crisis Care Continuum Implementation Consulting Services**

1. Purpose of the RFI

The State hereby releases this Request for Information (RFI) to solicit information and best practices from the vendor community. The State intends to use the responses to help determine what is currently available in the marketplace and to gather information that may be useful in developing an efficient and effective procurement methodology including statement of works. The State understands that the data provided in this RFI is not sufficient to enable detailed analysis and costing by vendors. Vendors should provide responses based on knowledge and experience with other organizations and initiatives of this kind. Vendors should read this RFI document thoroughly and adhere to the response submission guidelines. Vendor responses to this RFI should adhere to the Scope of Work tasks listed in the Exhibit A.

2. Key Action Dates

Listed below are the RFI Key Action Dates and Times by which actions should be taken or completed.

Event	Date
Release of RFI to Vendors.	October 26, 2026
Vendors may submit questions for clarification.	November 13,2026
RFI Responses due from Vendors.	December 4, 2026

3. Background

The National Suicide Hotline Designation Act of 2020 (NSHD) designated 988 as the three-digit number for the national suicide prevention and mental health crisis hotline. The NSHD requires the Federal Communications Commission (FCC) to designate 988 as the universal telephone number for a national suicide prevention and mental health crisis hotline, which operates through the National Suicide Prevention Lifeline. To fund the 988

system, the NSHD authorizes states to impose a fee on access lines for providing 988-related services.

Assembly Bill (AB) 988, the Miles Hall Lifeline and Suicide Prevention Act (AB 988) was enacted in September 2022 to implement the NSHD, in compliance with the FCC's rules. AB 988 required CalHHS to establish an advisory body, the 988-Crisis Policy Advisory Group (PAG), to advise the state on the development of recommendations to support a five-year implementation plan for a comprehensive 988 system. The AB 988 Five-Year Implementation Plan (the Plan) was submitted to the Legislature in January 2025. The Plan provides a state-led process to operationalize 988 as a user-friendly and universally accessible entry point into crisis care for all Californians. It establishes a proposed state governance structure, relationships, activities, and communication plans that would allow for all implementation partners to work collaboratively to improve upon the current legacy system by establishing statewide standards, access, and integration to support alignment with California's recent initiatives in transforming behavioral health.

In September 2026, Assembly Bill (AB) 173 was signed into law, which substantially amends AB 988. The law makes changes to the duties and responsibilities of state partners, including California Health and Human Services Agency (CalHHS) and several of its departments. Key changes impacting CalHHS, as it relates to 988 are summarized below:

- Re-establish and convene on a quarterly basis the 988 Policy Advisory Group, which serves as a stakeholder body of implementation partners, subject matter experts, and advocates to shape and guide California's implementation of 988 and a comprehensive crisis care continuum,
- Establish a 988 System Governance Board, sunsetting in January 2030, to provide cross-agency coordination and oversight related to implementation of the 988 system. Requires the board to include representatives from, at minimum: CalHHS, Department of Health Care Services (DHCS), Emergency Medical Services Authority (EMSA), California Department of Public Health (CDPH), Department of Managed Health Care (DMHC), California Department of Insurance (CDI), and California Governor's Office of Emergency Services (Cal OES).
- Meet enhanced annual progress reporting requirements related to key milestones in the implementation of the AB 988 Five-Year Plan through 2029,
- Develop recommendations, in consultation with key departments, for a system of funding for the operation of mobile crisis teams, and
- Complete additional consultation and coordination responsibilities such as 911 and 988 transfer protocols, recommendations for use of the 988 State Suicide and Behavioral Health Services Fund (988 Fund) based on emerging needs of the 988 system, evaluating the adequacy of the federal 988 LGBTQ+ youth specialized subnetwork and setting up state-level Press 3 option, exploring avenues to support a culturally responsive, equitable and accessible 988 system, and supporting effective public messaging on 988 and the crisis care continuum.

CalHHS is dedicated to advancing the health, safety, and well-being of all Californians through equitable, person-centered programs. Guided by collaboration and accountability, our strategic priorities focus on expanding access to services, strengthening systems, and improving outcomes across health and human services statewide. Regarding this RFI, CalHHS is seeking a vendor who can support our comprehensive approach to building a

crisis care continuum as outlined in the CalHHS Behavioral Health Crisis Care Continuum Plan (CCC-P), and the AB 988 Five-Year Implementation Plan. Both envision a future where person-centered behavioral health crisis services are seamlessly connected to provide an equitable and accessible continuum of care for all Californians.

4. Upcoming State Procurement related to CalHHS Behavioral Health Vendor Partner

CalHHS plans to procure expert consultation services to support CalHHS' capacity to implement the duties and responsibilities outlined in AB 173 and California law governing the implementation of the Miles Hall Lifeline and Suicide Prevention Act. Specific skills include subject matter expertise in 911-988 transfer protocols and best practices, leveraged, innovative, and comprehensive financing of crisis services, specifically mobile crisis services, and overall effective practices in implementing 988 systems including data and reporting strategies. An ideal vendor has strong demonstrated project management, facilitation and coordination skills with experience managing complex deliverables within short timeframes that require deliberation across diverse perspectives including, but not limited to, emergency response, public safety, health and behavioral healthcare systems, and service users and advocates.

California's size and diversity is a valued asset but poses challenges when developing statewide approaches and standards. A strong qualified vendor comes prepared with lessons learned and best practices that could be applied or adapted to accelerate implementation and advance equity and accessibility. The AB 988 Five-Year Plan's equity goal states: "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." A strong vendor will bring strategies and solutions that center equity and accessibility in achieving deliverables, recognizing the substantial impact that disparities due to race/ethnicity, gender/gender identity, disability status, age, and geography play in how crisis services are experienced across the continuum. A strong vendor will additionally bring strategies for tribal engagement, recognizing the unique government-to-government relationship that California tribes and Native American communities have with state and federal governments, and the recommendation from Native American communities for a dedicated tribal 988 line in California.

Equity and parity are both essential goals outlined in the AB 988 Five-Year Plan. A strong vendor will demonstrate comprehensive understanding of commercial managed care, including prior authorization, claims billing, grievance and appeals and in-network contracting. In addition, a strong vendor will incorporate knowledge of innovative and emerging solutions to help with recommendations for sustainable funding of behavioral health crisis services, such as Certified Community Behavioral Health Clinics (CCBHCs) and the potential for CCBHCs to expand local, county, and statewide capacity to effectively respond to a range of behavioral health needs, including preventing, responding to, and stabilizing crisis.

5. Submittal Instructions

The State has provided a series of questions listed in this RFI, Exhibit A. Responses from Vendors must be submitted via e-mail as follows:

- Indicate the RFI title in the subject line, “988 and the Behavioral Health Crisis Care Continuum Implementation”.
- Submit responses to the State contact person listed in Section 6.
- Submit response documents in PDF and native (Word) format.
- Include information for the primary contact person: Name, Title, Address, Phone Number, and E-mail address, etc.
- Include with your response, a signed cover letter on company letterhead.

6. Contact Information

Vendors must submit their written response via e-mail to the contact listed below:

Contact Name: FAISAL AZIZ
Email Address: Faisal.aziz@chhs.ca.gov
Phone Number: (279) 444-9155

7. Vendor Questions for Clarification

Vendors may submit questions for clarification of this RFI, via e-mail, by the specified date and time stated in the Key Action Dates.

8. RFI Disclaimer

This RFI is issued for information and planning purposes only and does not constitute a solicitation. A response to this RFI is not an offer and cannot be accepted by the State to form a binding contract. The State is not responsible for any expenses associated with responding to this RFI.

Vendors are admonished that all documents submitted in response to this RFI will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 7920.000 et seq.) and subject to review by the public.

Exhibit A - Vendor Information and Scope of Work

SECTION I - VENDOR INFORMATION

1. Identify the company name, address, city, state, and zip code, and telephone number.

2. Indicate whether your company is a certified small business and/or a disabled veteran business enterprise.

3. Identify the name, title, address, phone number, and email address of the primary contact person for this RFI.

4. Provide a brief overview of your company including number of years in business, number of employees, nature of business, description of services, company vision, and description of clients.

5. Identify any parent corporation and/or subsidiaries, if applicable.

6. List any industry awards/recognition that you have received.

SECTION II – PROPOSED SCOPE OF WORK FOR 988 AND THE BEHAVIORAL HEALTH CRISIS CONTINUUM IMPLEMENTATION VENDOR PARTNER

CalHHS plans to procure expert consultation services to support CalHHS in our work to implement the duties and responsibilities outlined in AB 173 and California law governing the implementation of AB 988. Specific skills include subject matter expertise in 911-988 transfer protocols and best practices, leveraged, innovative, and comprehensive financing of crisis services, specifically mobile crisis services, and overall effective practices in implementing 988 systems including data and reporting strategies. An ideal vendor has strong demonstrated project management, facilitation and coordination skills, with experience managing complex deliverables within short timeframes that require deliberation across diverse perspectives including but not limited to emergency response, public safety, health and behavioral healthcare systems, and service users and advocates.

California's size and diversity is a valued asset but poses challenges when developing statewide approaches and standards. A strong vendor comes prepared with lessons learned and best practices that could be applied or adapted to accelerate implementation and advance equity and accessibility. Qualified vendors should provide responses to the following questions:

1. What are some of the key elements that need to be considered to develop effective statewide protocols for the transfer of calls and communications from 911 to 988, including guidance on the criteria for transfers between 988 and 911, warm handoffs, standards to support appropriate responses to behavioral health crises, and coordination between crisis system partners? What are a few examples of issues that exist for 988 calls needing a medical EMS response being transferred to 911, resulting in a secondary transfer to an Emergency Medical Dispatch (EMD) center?

2. What are some key elements that need to be considered to develop comprehensive recommendations to sustainably fund mobile crisis responses in California? The approach must include all Californians regardless of payor or insurance coverage but should include details on California's Medi-Cal Mobile Crisis Services benefit. Specifically, how would you evaluate and coordinate potential funding sources, including Medi-Cal, commercial insurance, federal funding, and 988 Fund resources, while accounting for reimbursement requirements and funding restrictions?

3. With limited time and resources, how would you efficiently and effectively approach managing a 988 System Governance Board and a State 988 Policy Advisory Group? What would the focus of each entity be and how would they interact? What is your process of planning, facilitating, and conducting these groups during meetings and events? How would you establish processes to document decisions, track action items, coordinate work between the groups, and elevate issues requiring leadership decisions?

4. There are many diverse perspectives interested in the broader topic of building a comprehensive crisis care continuum. What strategies would you use to balance subject matter expertise, local implementation experience, and the voices and perspectives of people with lived experience and advocates?

5. Are there lessons learned from other states or local jurisdictions that CalHHS can use to implement its responsibilities under these new changes to AB 988? If yes, how would you assess whether approaches used in other states are appropriate for California, given its county-based behavioral health delivery system, existing 988 infrastructure, and unique Medi-Cal program?

6. What are some of the main tasks and services that should be considered in developing a scope of work for CalHHS 988 and the Behavioral Health Crisis Care Continuum duties and responsibilities? How would you develop and maintain a coordinated implementation plan identifying statutory deadlines, agency responsibilities, dependencies, deliverables, risks, and processes for resolving issues across state agencies?

7. How would you approach developing and completing the annual update on 988 implementation? Please describe how you will ensure effective coordination across various state agencies involved in 988, and how you will ensure external stakeholder feedback is effectively incorporated into the update. How would you distinguish consistent data definitions, validate information provided by multiple agencies, and address incomplete or conflicting information when reporting statewide implementation progress? How would you distinguish between completion of a statutory requirement, operational implementation, and demonstrated system outcomes when evaluating progress?

8. What is your experience with establishing data sharing agreements among state entities? What are the key elements that should be included in such agreements? How would you address data ownership, privacy and security requirements, standardized definitions, reporting timelines, and differences in data collection practices across agencies?