
THIRD READING

Bill No: AB 988
Author: Bauer-Kahan (D), Berman (D), Gipson (D), Quirk-Silva (D), Ramos (D) and Ting (D), et al.
Amended: 6/16/22 in Senate
Vote: 27 - Urgency

SENATE GOVERNMENTAL ORG. COMMITTEE: 12-0, 6/28/22
AYES: Dodd, Nielsen, Allen, Archuleta, Becker, Bradford, Hueso, Jones, Kamlager, Portantino, Rubio, Wilk
NO VOTE RECORDED: Borgeas, Glazer, Melendez

SENATE HEALTH COMMITTEE: 10-0, 6/29/22
AYES: Pan, Melendez, Eggman, Grove, Hurtado, Leyva, Limón, Roth, Rubio, Wiener
NO VOTE RECORDED: Gonzalez

SENATE APPROPRIATIONS COMMITTEE: 5-0, 8/11/22
AYES: Portantino, Bradford, Jones, Laird, Wieckowski
NO VOTE RECORDED: Bates, McGuire

ASSEMBLY FLOOR NOT RELEVANT

SUBJECT: Mental health: 988 crisis hotline

SOURCE: Author

DIGEST: This bill establishes the Miles Hall Lifeline Act (Act) to establish a 988 Crisis Hotline Center for the purpose of connecting individuals experiencing a mental health crisis with suicide prevention and mental health services, as specified. Additionally, this bill establishes a 988 surcharge for the 2023 and 2024 calendar years at \$0.08 per access line per month, and for years beginning January 1, 2025 at an amount based on a specified formula, but not greater than \$0.30 per access line per month. Furthermore, this bill requires the Office of Emergency Services (OES) to ensure that designated 988 centers utilize technology that allows

for transfers between 988 centers as well as between 988 centers and 911 public safety answering points. Finally, this bill requires the California Health and Human Services Agency (CalHHS) to designate a 988 center to provide crisis intervention services and crisis care coordination to individuals accessing 988.

ANALYSIS:

Existing law:

- 1) Establishes OES and makes OES responsible for addressing natural, technological, or man-made disaster and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property.
- 2) Requires, under the Warren-911-Emergency Services Act, every local public agency, as defined, to have an emergency communication system and requires that digits “911” be the primary emergency telephone number within the system.
- 3) Requires OES to develop a plan and timeline of target dates for the testing, implementation, and operation of a Next Generation (NextGen 911) emergency coordination system that includes a text to 911 service, throughout California.
- 4) Provides that OES is responsible for administration and oversight of the State Emergency Telephone Number Account (SETNA) used to fund the 911 system in California, and for the design and development of the statewide network that supports delivery of 911 calls to the state’s 452 Public Safety Answering Points (PSAPs).
- 5) Specifies provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs.
- 6) Provides that county mental health services should be organized to provide immediate response to individuals in pre-crisis and crisis and to members of the individual’s support system on a 24 hour, 7-day-per-week basis and authorizes provisions of crisis services offsite as mobile services.
- 7) Designates, under the National Suicide Hotline Designation Act, the three-digit telephone number “988” as the universal number within the United States for

the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline (NSPL) maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs.

- 8) Generally imposes, under the Emergency Telephone Users Surcharges Act, a surcharge on each access line for each month or part thereof for which a service user subscribes with a service supplier, at an amount no greater than \$0.80, based on OES' estimate on the number of access lines to which the surcharge will be applied per month for a calendar year period that it estimates, pursuant to a specified formula, will produce sufficient revenue to fund the current fiscal year's 911 costs.
- 9) Imposes a surcharge on the purchase of prepaid mobile telephone services at a time of each retail transaction, at a rate equal to the monthly surcharge amount per access line, to be paid by prepaid consumers and collected by sellers, as defined.

This bill:

- 1) Enacts the Miles Hall Lifeline and Suicide Prevention Act, as specified.
- 2) Requires OES to ensure that designated 988 centers utilize technology that allows for transfers between 988 centers, as well as between 988 centers and 911 PSAPs.
- 3) Requires OES, no later than 90 days after passage of this bill, to appoint a 988 crisis hotline system director to implement and oversee the administration and coordinating the emergency mental health crisis response with emergency crisis lines.
- 4) Requires OES, no later than 90 days after passage of this bill to establish and convene the State 988 Technical Advisory Board for purposes of advising OES, as specified.
- 5) Requires OES, no later than July 1, 2024, to ensure interoperability between and across crisis and emergency response systems used throughout the state, including 911, emergency services, behavioral health crisis services, and other non-behavioral health crisis services. This shall include ensuring

interoperability of telephone calls, texts, chats, and other similar capabilities consistent with the implementation of NextGen 911.

- 6) Requires OES to consult with the National Suicide Prevention Lifeline (NSPL) and the Substance Abuse and Mental Health Services Administration on any technology requirement for 988 centers.
- 7) Requires CalHHS, no later than July 16, 2022, to designate a 988 center or centers to provide crisis intervention services and crisis care coordination to individuals accessing 988. Each designated 988 center is required to do all of the following:
 - a) Meet federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the NSPL Network.
 - b) Maintain an active agreement with the administrator of the NSPL for participation within the network.
 - c) Comply with the state technology requirements or guidelines for the operation of 988.
- 8) Requires CalHHS, no later than 90 days after the passage of this bill, to appoint a 988 crisis services director to provide direction and oversight of the implementation and administration of behavioral health crisis services accessed through 988.
- 9) Requires CalHHS, no later than 90 days after the passage of this bill, to appoint and convene a state 988 policy advisory group for purposes of advising the agency on the implementation and administration of mental health crisis services accessible through 988, as specified.
- 10) Requires CalHHS, no later than December 31, 2023, to create a five-year implementation plan, as specified, for a comprehensive 988 system that includes the following components:
 - a) Access to crisis counselors through telephone calls, text, and chat, 24 hours per day, seven days a week.
 - b) Mobile crisis teams that operate 24 hours per day, seven days per week, and can respond to individuals in crisis in a timely manner. Mobile crisis teams shall be able to respond to clearly articulate suicidal or behavioral health

contracts made our routed to 988 as an alternative to law enforcement unless there is a medical emergency, someone is in immediate danger, or there is a reported crime where law enforcement is mandated to respond by state or federal law.

- c) Access to crisis receiving and stabilization services.
- 11) Established the 988 State Mental Health and Crisis Services Fund (Fund) in the state treasury and requires the fees to be deposited along with other specified moneys into the Fund, as specified.
- 12) Creates a 988 surcharge, beginning January 1, 2023, on each access line for each month or part thereof for which a service user subscribes with a service supplier.
- 13) Sets the 988 surcharge for the 2023 and 2024 calendar year at \$0.08 per access line per month and, for years beginning January 1, 2025, at an amount based on a specific formula, but no greater than \$0.30 per access line per month.
- 14) Makes applicable relevant provisions of the Emergency Telephone Users Surcharge Act to the 988 surcharge, as provided, including existing surcharge exemptions.
- 15) Makes conforming changes in regard to the 988 surcharge.
- 16) Authorizes the 911 and 988 surcharges to be combined into a single-line item, as described.
- 17) Provides that all revenue generated by the 988 surcharge shall only be expended for the operations of the 988 center and mobile crisis teams.
- 18) Requires revenue generated by the 988 surcharge shall be prioritized to fund:
 - a) 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.
 - b) Second, the operation of mobile crisis teams.
- 19) Provides that the revenue generated by the 988 surcharge shall be used to supplement and not supplant federal, state, and local funding for mobile crisis

services and crisis receiving and stabilization services as calculated in the 2019-20 fiscal year.

- 20) Provides that revenue generated by the 988 surcharge may only be used to fund service and operation expenses that are not reimbursable through federal Medicaid match, Medicare, health care service plans, or disability insurers.
- 21) Requires OES to require an entity seeking funds available through the Fund to annually file an expenditure and outcomes report with information including, but not limited to, the following, as applicable to each modality, including call center, mobile crisis services, and crisis receiving and stabilization services:
 - a) The total budget, by fund source.
 - b) Number of job classifications of personnel allocated to each modality.
 - c) The number of individuals served.
 - d) The outcomes for individuals served.
 - e) The health coverage status of individuals served, if known.
 - f) The amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers.
 - g) Measures of system performance, including capacity, wait time, and the ability to meet demand for services.
- 22) Appropriates \$8,035,700 from the General Fund to the Fund and requires the sum be appropriated for the following purposes:
 - a) To cover the state's first year of administrative costs in implementing the provisions of this bill.
 - b) To fund designated 988 centers to support the first year of their implementation of the 988 system.
- 23) Contains an urgency clause.

Background

Purpose of the Bill. According to the author's office, "AB 988 creates a new three-digit phone line, 988, for suicide prevention and immediate, localized emergency response for individuals in mental health crisis by trained mental health professionals. The current system relies on law enforcement and confinement and puts people suffering from mental illness through an expensive and traumatizing revolving door as they shuttle between jails, emergency rooms and the street. A

comprehensive crisis response system can help prevent avoidable tragedies, save money, and increase access to the right kind of care. We must make significant changes in how we respond to those suffering from a mental health crisis.”

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

To adequately fund the 988 system, the NSHD authorizes states to impose a fee on access lines for providing 988 related services. In the California Emergency Telephone User Surcharge Act, an access line is defined as a wireline communication service (landline), a wireless communication service line (cell phones), and Voice Over Internet Protocol (VoIP). Revenue from the fee must be held in a designated account to be spent only in support of 988 services, and the FCC must submit an annual report on state administration of these fees. The fees may only be spent on (1) ensuring the efficient and effective routing of calls made to the 988 suicide prevention and mental health crisis hotline to an appropriate crisis center; (2) personnel; and, (3) the provision of acute mental health crisis outreach and stabilization by directly responding to the 988 national suicide prevention and mental health crisis hotline.

The United States Department of Health and Human Services (HHS) and the Department of Veteran Affairs are required, within 180 days of the enactment of the NSHD, to jointly report on how to make the use of 988 operational and effective across the country, and HHS must develop a strategy to provide access to competent, specialized services for high-risk populations such as lesbian, gay, bisexual, and queer youth, minorities, and rural individuals.

National Suicide Prevention Lifeline. The NSPL is a national network of approximately 180 local crisis centers that provide free and confidential support for people in suicidal crisis or emotional distress. There are 13 NSPL affiliated centers currently operating in California. Lifeline call centers in California set the hours and coverage areas for when they will take lifeline calls based on funding and staffing levels. When an individual calls the national number, (800) 273-TALK, they are routed to the local crisis center that is closest to them. If a crisis center is unable to respond to all callers at any time, calls are diverted to backup centers. When calls are re-routed to centers out-of-state, California callers in crisis

often wait two to three hours longer, receive fewer linkages to effective local care, and are more likely to abandon their calls.

In 2019, the NSLP Network received nearly 2.3 million crisis calls from across the United States and 290,619 of those calls were from California. Of those 199,192 were connected to crisis centers in the state. Since 2016, California Lifeline call volume has increased 60% and this is expected to rise even higher.

911 System. OES is responsible for administration and oversight of the SETNA used to fund the 911 system in California, and for the design development of the statewide network that supports delivery of 911 calls to the state's 452 PSAPs. OES also serves as California's point of contact for the design and development of the National First Responders Network that is being designed and implemented to provide broadband data to the emergency service personnel on a nationwide basis.

The Warren 911 Act authorizes cities and counties to form contracts regulating the implementation of a 911 system. The basic structure of the 911 system is designed to ensure that when a person dials 911, a law enforcement agency serving as a primary PSAP receives 911 requests from the area where the person is calling. If a 911-caller requests emergency medical assistance, the primary PSAP may retain the caller if it directly provides emergency medical services (EMS) dispatch, or may transfer the caller to a secondary PSAP for emergency medical response. The medical secondary PSAP can be a public agency, public/private partnership, or private EMS provider designated or recognized by the local EMS agency as serving the entire EMS area or portion of the EMS area.

Role of OES in 988. This bill requires, no later than July 16, 2022, which is the date that the 988 number is set to go live, OES to ensure that designated 988 centers utilize technology that allow for transfers between 988 centers, as well as between 988 centers and 911 PSAPs.

This bill also requires OES to appoint a 988 hotline crisis hotline director to implement and oversee the administration coordinating the emergency mental health crisis response with emergency crisis lines and convene the State 988 Technical Advisory Board (Board). The bill also requires OES, by July 1, 2024, to ensure interoperability between and across crisis and an emergency response system. The bill specifically states that this shall include interoperability of telephone calls, texts, chats, and other similar capabilities consistent with the implantation of NextGen 911.

Related/Prior Legislation

AB 270 (Ramos, 2021) would have created the Core Behavioral Health Crisis Services System, using the digits 988 for the Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the NSPL. (Never Heard in the Assembly Health Committee)

FISCAL EFFECT: Appropriation: Yes Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, OES anticipates approximately \$55.6 million in annual revenue from the monthly surcharge of \$0.08 per access line, to be deposited into the 988 State Mental Health and Crisis Services Special Fund. Revenue from the surcharge will offset, to some extent, OES's stand-up and administrative costs, which include:

- One-time costs of approximately \$35 million for information technology equipment and services.
- Ongoing annual costs of approximately \$31.5 million to implement and administer the program.

Unknown, likely significant fiscal impact to the California Health and Human Services Agency (CHHS) to among other things, designate centers and create the 988 system implementation plan, convene the working group, and administer the program.

The California Department of Tax and Fee Administration (CDTFA) anticipates:

- Implementation costs of approximately \$50,000 to \$250,000.
- Beginning in FY 2023-24, ongoing administrative costs of approximately \$445,000.

The California Department of Insurance (CDI) estimates costs of \$377,000 in FY 2021-22, \$902,000 in FY 2022-23, and \$679,000 ongoing to coordinate with CHHS and the Department of Managed Health Care to develop a guidance and adopt regulations (Insurance Fund). CDI does not anticipate these costs to be absorbable.

The bill appropriates \$8,035,700 from the General Fund to the 988 State Mental Health and Crisis Services Fund to cover the state's first year of administrative costs and to fund the designated 988 centers to support the first year of their implementation of the 988 system.

SUPPORT: (Verified 8/11/22)

American Academy of Pediatrics, California
American Foundation for Suicide Prevention
Association of Regional Center Agencies
Bend the Arc: Jewish Action
Board of Behavioral Sciences
Buckelew Programs
CA Council of Community Behavioral Health Agencies
Cal Cities
Cal Voices
California Access Coalition
California Alliance of Child and Family Services
California Association of Alcohol and Drug Executives
California Association of Local Behavioral Health Boards and Commissions
California Association of Marriage and Family Therapists
California Association of Social Rehabilitation Agencies
California Clubhouse
California Commission on Aging
California Commission on the Status of Women and Girls
California Legislative Women's Caucus
California Psychological Association
California State Association of Psychiatrists
California State Parent Teacher Association
Casa Pacifica Centers for Children and Families
Che Behavioral Health Services
City of Brentwood
City of Clayton
City of Concord
City of Concord
City of Dublin
City of El Cerrito
City of Lafayette
City of Livermore
City of Martinez
City of Mountain View
City of Pittsburg
City of Pleasant Hill
City of Pleasanton
City of Sacramento
City of San Diego

City of San Pablo
City of San Ramon
Contra Costa County
County of Orange
Crisis Support Services of Alameda County
Crisis Text Line
Dbsa California
Democrats of Rossmoor
Didi Hirsch Mental Health Services
Everytown for Gun Safety Action Fund
Fountain House
Generation Up
Hathaway-sycamores
Interfaith Council of Contra Costa County
Kings View
Los Angeles County
Los Angeles County District Attorney's Office
MHA California
Miles Hall Foundation
Mobilize 4 Mental Health
Moms Demand Action for Gun Sense in America
NAMI - Mt. San Jacinto
NAMI –California
NAMI Contra Costa
NAMI Greater LA County
NAMI Santa Barbara County
NAMI Westside LA
National Alliance on Mental Illness
National Association of Social Workers, California Chapter
Neveragainca
Occupational Therapy Association of California
Orinda Progressive Action Alliance
Peace Officers Research Association of California
Peninsula Temple Shalom
Putnam Clubhouse
San Diego County District Attorney's Office
San Francisco Board of Supervisors
San Francisco Municipal Transportation Agency
Southern California Psychiatric Society
Steinberg Institute

Students Demand Action for Gun Sense in America
Sycamores
The Democrats of Rossmoor
The Greater Oxnard Organization of Democrats
The Kennedy Forum
The Meeting Place Clubhouse, Inc.
The Miles Hall Foundation
Town of Danville
Venture Clergy and Laity United for Economic Justice
Wellspace Health

OPPOSITION: (Verified 8/11/22)

California Taxpayers Association
California's Independent Telecommunications Companies
Consolidated Communications

ARGUMENTS IN SUPPORT: According to the Miles Hall Foundation, “the current mental health crisis response system relies on law enforcement and puts people suffering from mental illness through an expensive and traumatizing revolving-door as they shuttle between jails, emergency rooms, and the street, A comprehensive crisis response system can prevent these tragedies, save money, and increase access to appropriate care. AB 988 takes a monumental step forward in addressing these systemic inequities in our mental health system by creating a crisis response system that provides support to help individuals and communities thrive.”

According to the Steinberg Institute, “California is currently in the process of transforming its technology infrastructure through NextGen 911. Implementing 988 now will allow the state to leverage 911’s new technology. First and foremost, this will allow for critical interoperability between 911 and 988. Building out of the 988 system in parallel to NextGen 911 will also allow the state to avoid paying for two separate infrastructure to receive calls saving local governments significant costs that they would otherwise incur from upgrading their local call centers to comply with the federal 988 law.

ARGUMENTS IN OPPOSITION: According to California’s Independent Telecommunications Companies (CITC), “CITC supports the creation of an easy-to-remember three-digit phone number for connecting individuals facing a mental health crisis with trained mental health professionals. Like the 911 surcharge, the

988 surcharge should be calculated to cover only the costs related to the efficient and effective routing of 988 calls to the crisis centers. Using the 988 surcharge to cover anything other than telecommunications expenses would undermine the appropriate nexus of levying the fee on telecommunications customers.”

According to the California Taxpayers association, “a phone surcharge should be narrowly focused to funding the cost of connecting calls to a crisis hotline, rather than funding a broad healthcare program that requires ongoing funding for this critical service. The nexus between phone service and connecting a call makes sense, but using the phone bill as a funding source for a healthcare program goes beyond the scope of what is appropriate.”

Prepared by: Felipe Lopez / G.O. / (916) 651-1530
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