

Date of Hearing: March 17, 2026

ASSEMBLY COMMITTEE ON HEALTH

Mia Bonta, Chair

AB 1540 (Mark González) – As Amended February 17, 2026

SUBJECT: 988 Suicide & Crisis Lifeline: LGBTQ+ youth.

SUMMARY: Requires the Office of Emergency Services (OES) to, no later than July 1, 2027, enable transfers between 988 centers and a subnetwork of LGBTQ+ specialized youth suicide prevention service providers by pressing “3” to be automatically routed to an LGBTQ+ suicide prevention specialist. Requires the California Health and Human Services Agency (CHHSA) to, no later than July 1, 2027, administer a grant program for qualified entities that specialize in suicide prevention services and provide funding for state 988 call centers to implement specified goals. Specifies that moneys in the 988 State Suicide and Behavioral Health Crisis Services Fund are available, upon appropriation by the Legislature, for purposes of implementing this bill. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Specifically, **this bill:**

- 1) States the intent of the State of California to continue its long history of advancing policies that support suicide prevention efforts and further the initiative to address the youth mental health crisis by reinstating the 988 Suicide & Crisis Lifeline’s LGBTQ+ Youth Specialized Services program.
- 2) Requires OES to ensure both of the following:
 - a) No later than July 1, 2027, that technology enabling transfers between 988 centers and a subnetwork of LGBTQ+ specialized youth suicide prevention service providers is available to 988 centers and 911 public safety answering points in California and that callers may dial 988 and press “3” to be automatically routed to an LGBTQ+ suicide prevention specialist; and,
 - b) No later than December 1, 2027, that technologies enabling contact through text or chat features between a caller and 988 centers or a subnetwork for LGBTQ+ specialized youth suicide prevention service providers are available.
- 3) Specifies that moneys in the 988 State Suicide and Behavioral Health Crisis Services Fund are available, upon appropriation by the Legislature, for purposes of implementing this bill.
- 4) Requires CHHSA to, no later than July 1, 2027, do both of the following:
 - a) Administer a grant program for qualified entities, as set forth in 5) below, that specialize in suicide prevention services; and,
 - b) Provide funding for state 988 call centers to implement the goals of this section, including, but not limited to, the administrative cost of implementation and staffing of statewide and regional 988 centers and the effective routing of contacts, including, but not limited to, calls, texts, and chats.

- 5) States that a qualified entity for the grant program shall be determined by CHHSA pursuant to the following:
 - a) Eligibility criteria, grant application process, and methodology for the distribution of grants to a qualified entity, as determined by CHHSA. Requires the eligibility requirements to include, but not be limited to:
 - i) A requirement that the applicant be capable of complying with current minimum application requirements maintained and set forth by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) or the entity contracted by SAMHSA to administer the 988 Suicide & Crisis Lifeline.
 - ii) Requirements that the applicant maintain policies that do not require a caller to provide name, age or date of birth, gender, race or ethnicity, citizenship status, or any other identifying information to receive crisis intervention services; prohibit sharing identifying information outside of the 988 Suicide & Crisis Lifeline, including with private donors and the federal government, except as required by law; and, contain strict user tenets that comply with 9) and 10) in Existing Law below.
 - b) Requires the applicant's primary objective to be to reduce suicide rates or address mental health crises. Requires CHHSA to prioritize applicants that primarily service LGBTQ+ populations.
 - c) Requires the applicant to demonstrate that its mission includes serving the LGBTQ+ population or that it employs staff or volunteers who have completed extensive training in responding to LGBTQ+ crisis contacts in a culturally competent manner, and that the applicant ensures that dedicated trained staff or volunteers are available to respond to contacts through an established routing system.
 - d) Requires the applicant to have the capability to report metrics, including information about the number of contacts, length of contacts, and any other metric the agency deems appropriate.
- 6) Requires CHHSA to also take into consideration whether an applicant is or was previously a part of the 988 Suicide & Crisis Lifeline network.
- 7) States that a qualified entity that is eligible to receive grants pursuant to this bill includes community-based organizations, nonprofits, behavioral health providers, counties, city mental health authorities, tribal entities, local educational agencies, and institutions of higher education.
- 8) Requires CHHSA to prioritize applicants that are based in California and have established connections to law enforcement or California mobile crisis response units.
- 9) Requires CHHSA to require a qualified entity to annually file an expenditure and outcomes report in a form and manner determined by the agency, including the following information, at a minimum:
 - a) The total budget;

- b) Number and job classification of personnel;
 - c) The number of contacts served;
 - d) The outcome for individuals served, if known; and,
 - e) Beginning July 1, 2027, to the extent feasible, measures of system performance, including capacity, wait times, and the ability to meet demand for services.
- 10) Permits CHHSA to enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis, and to implement changes to existing information technology systems. States that contracts entered into or amended, or changes to existing information technology systems, pursuant to this section are be exempt from 11) and 12) in Existing Law below, and exempt from the review or approval of any division of the Department of General Services.
- 11) States that, for the purposes of 988 system integration, a contact routed to the qualified entity pursuant to this bill constitutes a 988 contact for purposes of California’s comprehensive 988 system. Requires that a qualified entity selected, contracted, or funded pursuant to this bill to receive 988 contacts through the LGBTQ+ youth specialized services routing be recognized as part of California’s 988 network for all state administrative, operational, and interoperability purposes when receiving or responding to a 988 call, text, or chat routed through 988. Permits the qualified entity to initiate and receive transfers and warm handoffs with 988 centers and county crisis continuum entry points on the same technical and operational basis as other 988 centers, consistent with applicable confidentiality and consent requirements.
- 12) States legislative findings and declarations regarding the disproportionate mental health and suicide risks faced by LGBTQ+ people.

EXISTING LAW:

- 1) Designates the 3-digit telephone number “9-8-8” as the national suicide prevention and mental health crisis hotline pursuant the National Suicide Hotline Designation Act of 2020 (NSHD). (Public Law No: 116-172)
- 2) Defines “988” to mean the three-digit telephone number designated by the Federal Communications Commission for the purpose of connecting individuals experiencing a behavioral health crisis with the national suicide prevention and mental health crisis hotline system in accordance with Section 52.200 of Title 47 of the Code of Federal Regulations. [Government Code (GOV) § 53123.1.5 (a)]
- 3) Defines “988 center” to mean a center operating on a county or regional basis in California and participating in the National Suicide Prevention Lifeline network to respond to statewide or regional 988 calls. [GOV § 53123.1.5 (b)]
- 4) Defines “National Suicide Prevention Lifeline” or “988 Suicide & Crisis Lifeline” to mean the national network of local crisis hotline centers that provide free and confidential support to people in suicidal crisis or other behavioral health crisis 24 hours per day, seven days per week via a toll-free telephone hotline number that receives calls made through the 988 system,

maintained by the Assistant Secretary for Mental Health and Substance Use under Section 520E-3 of the Public Health Service Act, Section 290bb-36c of Title 42 of the United States Code. [GOV § 53123.1.5 (e)]

- 5) Requires CHHSA to, no later than December 21, 2024, create a set of recommendations to support the five-year implementation plan for the 988 hotline, and to post regular updates on the CHHSA internet website regarding the implementation of 988 until December 31, 2029. [GOV § 53123.3]
- 6) Establishes the 988 State Suicide and Behavioral Health Crisis Services Fund and deposits funds through a surcharge on telephone access lines, currently set at \$0.05 through calendar year 2026 and a maximum of \$0.30 per access line thereafter. [GOV § 53123.4 (a), (b)]
- 7) Authorizes OES, in consultation with the State Department of Health Care Services (DHCS), to adopt regulations regarding how 988 funds received shall be disseminated to support the operations of the 988 system and related behavioral health crisis services. [GOV § 53123.4 (c)]
- 8) Requires OES to require an entity seeking moneys available through the 988 fund to annually file an expenditure and outcomes report containing specified information, including, among other things, the number of individuals served, the outcomes for individuals served, if known, and measures of system performance, including capacity, wait times, and the ability to meet demand for services. [GOV § 53123.4 (d)]
- 9) Prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care. Prohibits a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care, as specified. [Civil Code § 56.109]
- 10) States it is the policy of the state that an out-of-state arrest warrant for an individual based on violating another state's law against providing, receiving, or allowing their child to receive gender-affirming health care or gender-affirming mental health care is the lowest law enforcement priority and limits California law enforcement's participation in related investigations. [Penal Code § 819]
- 11) Requires the Department of General Services to publish, or cause to be published, the California State Contracts Register, describing the contracts proposed by the state and establishes standards for the use of personal services contracts. [GOV § 14825, GOV §§ 19130-19135]
- 12) Establishes requirements for contracting by State agencies. [Public Contract Code §§ 10100-19150]

- 13) Creates a separate surcharge, beginning January 1, 2023, on each access line for each month for which a service user subscribes with a service supplier. Sets the 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 no greater than \$0.30 per access line per month. Authorizes the 911 and 988 surcharges to be combined into a single-line item. [Revenue and Taxation Code § 41020, *et seq.*]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, we have seen decades of hard-fought rights and services rolled back under this federal administration, including access to this proven lifesaving hotline. The author states that we will not stand by as our youth are pushed into crisis, lost to suicide, and forgotten, and with this bill, California affirms its commitment and ensures we will not abandon our young people. It is heartbreaking to see a lifeline that received 1.5 million contacts over 3 years, and 70,000 contacts per month, ripped away over political talking points. The author notes that, according to the Federal Bureau of Investigation, schools were the third most common location for reported hate crimes against LGBTQ+ youth, with incidents more than doubling between 2018 and 2022. Further, the Centers for Disease Control found that 20% of surveyed students who identified as gay, lesbian, or bisexual reported having attempted suicide, compared to 6% of their heterosexual peers. This rate jumps to nearly 26% for transgender high school students. The author concludes that our youth are in crisis. We are not pushing an agenda; we are trying to save lives.
- 2) **BACKGROUND.** The Lifeline is made up of a network of over 200 independently owned and operated local centers. There are currently eleven 988 call centers in California, down from 13 when 988 launched in 2022. To be a part of the network in California, an entity must meet both state and federal requirements. Beginning in 2022, under a pilot program, pressing “3” would direct a caller to an LGBTQ+ specific crisis line. The federal administration ended support for the “press 3” option on July 17, 2025, eliminating the program nationwide.
 - a) **Need for LGBTQ+ Specific Resources.** In addition to the data highlighted by the author above, the Trevor Project reports in its 2024 National Survey on the Mental Health of LGBTQ+ Young People that 39% seriously considered attempting suicide in the past year, including 46% of transgender and nonbinary young people. LGBTQ+ youth of color reported higher rates than white peers. More than 1 in 10 (12%) of LGBTQ+ young people attempted suicide in the year prior. LGBTQ+ young people who reported living in very accepting communities attempted suicide at less than half the rate of those who reported living in very unaccepting communities. A 2023 article published in *Transgender Health* titled “Association of Gender Identity Acceptance with Fewer Suicide Attempts Among Transgender and Nonbinary Youth” found that transgender and nonbinary youth report more than four times greater rates of suicide attempts compared with their cisgender peers. Gender identity acceptance from others can reduce the risk for these youth. A 2024 scoping review published in the *Journal of Adolescence* found that key protective factors for LGBTQ+ suicide prevention include self-affirming strategies, adult/peer support, at-school safety, access to inclusive healthcare, family connectedness,

positive coming out experiences, gender-affirming services, and LGBTQ+ inclusive policies and legislation.

- b) **Surcharge.** 988 fees were capped at \$0.08 per access line per month in the first two calendar years of enactment (2023 and 2024); in FY 2022-2023, the \$0.08 surcharge fee generated \$44.3 million. Beginning January 1, 2025, the surcharge fee was reduced to \$0.05. OES oversees the Fund and the process to calculate the surcharge fee based on appropriations made by the Legislature and access line data from service providers. OES calculates the surcharge rate and communicates the surcharge requirement to California Department of Tax and Fee Administration by October 1st each year.
- c) **Single Button Press Options.** According to SAMHSA, after calling 988, a caller can bypass menu options and be immediately connected to a crisis counselor by pressing “0.” Pressing “1” will direct the caller to the veteran crisis line. Pressing “2” will direct the caller to Spanish-speaking counselors. These options predate the establishment of 988 and also directed callers under the legacy 10-digit phone number to reach the crisis hotline. In December 2025, the Los Angeles County Board of Supervisors directed the County’s Department of Mental Health to develop a proposal for a local “Press 3” pilot program. In September 2025, bipartisan bills were introduced in both the United States (U.S.) House of Representatives and the U.S. Senate to restore the press 3 option with funding, but neither has moved forward as of March 9, 2026. Washington State operates the Native & Strong Lifeline - the first program of its kind in the nation dedicated to serving American Indian and Alaska Native people. This line is reachable by dialing 988 in Washington and pressing “4.” California’s 988 implementation plan highlighted that representatives from Native American communities shared that, for many members of their communities, embedding equity in the 988 system means having dedicated Native-led and operated 988 services. It cites Washington’s dedicated line as a potential blueprint.
- d) **Call routing.** The network was designed to connect callers with local crisis centers, by using a phone system that routes calls based on the caller’s phone number. If the caller does not press 1 (to be routed to the Veteran’s Crisis Line) or 2 (to be routed to the Spanish sub-network), the phone system will route the call to the closest crisis center in the Lifeline network. According to SAMHSA, when a person calls 988 from a phone using a carrier that has implemented georouting (including the major carriers AT&T, T-Mobile, and Verizon), unless they select one of the specialized services offered through the national network, they will be connected to a nearby crisis call center. Callers who use a wireless carrier for which georouting is not active will be connected to the nearest 988 crisis call center based on the defined location of the first six digits (area code and prefix) of the caller's phone number, regardless of the actual location of the caller. According to the Federal Communications Commission (FCC), georouting connects cell phone callers to the closest 988 contact center to the caller’s physical location and differs from geolocation in that it does not provide a precise location of the caller, allowing callers to maintain their location privacy. Calls that are not answered locally within a set amount of time get answered by 988’s national back up network. Each crisis center picks their coverage area (which can be defined by zip code, area code, county, or even state), and their hours of operation.

- e) **California partnership with the Trevor Project.** Following SAMHSA’s announcement ending support and funding for the press 3 option, Governor Newsom announced a partnership with The Trevor Project and CHSA to provide the state’s 988 crisis counselors enhanced competency training from experts, ensuring better attunement to the needs of LGBTQ youth, on top of the specific training they already receive. The Governor later announced that more than 1,000 crisis counselors would be offered this new training beginning in December 2025 through March 2026.
- f) **Trailer Bill Language (TBL).** The Administration has posted proposed TBL that, according to DHCS, would establish a process and standard criteria for entities to apply for approval as “designated 988 centers.” Additionally, DHCS proposes language to provide authority for DHCS to establish standards to oversee and govern the performance of designated 988 centers, including staffing requirements, training requirements, clinical and triage protocols for behavioral health services, measures to assess the quality of 988 services, and performance requirements. According to DHCS, without explicit statutory authority, it cannot adequately designate, fund, or oversee designated 988 centers, align with national standards and best practices for ensuring trauma-informed, person-centered, and culturally responsive care, and achieve the goals set forth by the 988 policy advisory group.

The TBL also provides DHCS with the authority to oversee the funding of 988 centers, designated 988 centers, and mobile crisis teams for staffing necessary to provide 988 and mobile crisis services. It would also require OES, in consultation with DHCS, to allocate and distribute funds to 988 centers and designated 988 centers for the acquisition of technology and equipment as appropriated by the Legislature.

- g) **988 Oversight.** The Assembly Select Committee on California’s Mental Health Crisis met on December 2, 2025, to explore state level implementation of 988, county and local call center coordination, and perspectives from practitioners are the ground. Speakers identified the need for sustainable funding, strengthening the coordination between 911 and 988, and developing a resource directory, among other things. AB 988 (Bauer Kahan), Chapter 747, Statutes of 2022 has also been selected as part of this year’s new Outcomes Review oversight tool. The purpose of the Outcomes Review process is to assess, review, and improve implementation of key enacted legislation to ensure that the laws passed by the Legislature continue to improve the lives of Californians.
- 3) **SUPPORT.** The California Alliance of Children and Family Services (CA Alliance) is a co-sponsor of this bill and states that LGBTQ+ youth experience increased rates of suicidal ideation and death by suicide, in part because they are at a heightened risk for discrimination and harassment due to their queer identity. As a result, LGBTQ+ youth are more than four times likely to attempt suicide compared to their heterosexual peers, with higher rates for LGBTQ+ youth of color. In addition, estimates find that at least one LGBTQ+ youth attempts suicide nationally every 45 seconds. The CA Alliance notes the “Press 3” option was a critical subnetwork for LGBTQ+ youth, as illustrated by the fact that it received 73,000 calls from California and represented 9% of all California 988 calls from July 2024 to June 2025. The CA Alliance argues that this bill addresses this crisis by re-establishing the program cut by the federal administration, and it will enable LGBTQ+ youth to access targeted suicide prevention services, saving thousands of lives.

Equality California (EQCA) is also a co-sponsor of this bill and states in support that in the past year, 35% of LGBTQ+ youth seriously considered suicide and 11% attempted suicide, with even higher rates among transgender and nonbinary youth. At the same time, half of LGBTQ+ youth who wanted mental health care were unable to access it, underscoring the urgent need for specialized crisis services. EQCA argues that the elimination of the LGBTQ+ youth subnetwork has left thousands of vulnerable young people without access to counselors trained to support them during moments of crisis. At a time when LGBTQ+ youth are facing unprecedented political attacks and growing mental health challenges, removing affirming support services only deepens the harm.

The California Behavioral Health Planning Council (CBHPC) supports this bill stating that during the 10-month pilot phase and subsequent two-year implementation of the nationally dedicated crisis line to support LGBTQ+ youth and young people by the 988 Suicide and Crisis Lifeline—formerly the National Suicide Prevention Lifeline—nearly 1.6 million calls were made. Service utilization demonstrated consistent growth, with the crisis line averaging 69,000 monthly calls during the final full months of service (March 2025 to June 2025) prior to its mid-July sunset. CBHPC argues that LGBTQ+ youth remain disproportionately at risk for mental health challenges, suicidal thoughts, and suicide attempts.

The California School-Based Health Alliance (CSHA) argues in support of this bill that, in California, the LGBTQ+ youth line received 73,000 calls from July 2024 to June 2025, representing 9% of all calls to the subnetwork. CSHA notes that from May 2024 to April 2025, the LGBTQ+ line received 680,127 calls nationwide, representing approximately 14% of the 5,153,905 calls that 988 received during that period, reflecting the critical need for this specialized resource. While the broader 988 system provides essential support, LGBTQ+ youth face elevated risks of depression, suicide, and crisis due to factors such as family rejection, bullying, discrimination, and social isolation. CSHA states research shows LGBTQ+ youth are more likely to seek help, trust counselors, and remain engaged when connected to trained professionals who understand their experiences and provide culturally competent care.

- 4) **OPPOSITION.** Our Duty-USA opposes this bill stating that it is doing exactly what the Federal government has said that it cannot. Our Duty argues that this bill is designed to use federal funds that it receives for the Suicide hotline 998, and silo calls off to the Trevor Project. Our Duty argues that if the goal is truly suicide prevention, there are established suicide hotlines that focus specifically on crisis intervention without incorporating other ideological content. Our Duty opposes what it sees as the sexualization of children through public education.

SFV Alliance also opposes this bill and states that it is another example of LGBTQ+ exceptionalism. SFV Alliance states that this bill allocates a set of money for one group of people for suicide prevention but not anybody else, and it creates a pathway to a sub network of people that are to only serve the LGBTQ+ community. SFV Alliance argues having a special line for LGBTQ+ people, makes it like they are outcast, not like normal people, that they need special treatment for their suicidal thoughts when they are just everyday people with challenges that makes them think suicide is the answer. Counseling somebody who is suicidal is the same no matter what age, race, sex, sexuality or identity as long as you can communicate with the person in an empathetic way that creates a supportive environment for them to be listened to without judgment, to be told that they are worthy and their life is

precious and that they deserve to live, to hear that they are struggling, and communicate that it would be devastating to their family and friends if they were gone. SFV Alliance concludes this bill is counterproductive, segregating, and can be harmful by isolating children and adults alike.

Californians United for Sex-Based Evidence in Policy and Law (CAUSE) opposes this bill and states that, because suicide is vitally important, California's precious and limited resources should be focused on areas proven impactful in preventing suicide. CAUSE argues that The Trevor Project is the only possible applicant under this bill's criteria that is currently based in California, and lists several of CAUSE's concerns with the organization. CAUSE states that claims that suicide is "epidemic" in any particular group, and that group is essentially destined for suicide, is a form of glorification. CAUSE concludes that it believes all in need deserve effective, safe, professional mental health support, and this bill does not provide for this.

- 5) **CONCERNS.** The California Behavioral Health Association (CBHA) states that California 988 call centers already provide culturally responsive services to LGBTQ+ callers and that providers invest in workforce training, clinical protocols, and quality assurance to ensure counselors are equipped to respond to LGBTQ+ youth in crisis. CBHA argues that this bill risks signaling that existing 988 providers lack this capacity, which does not reflect on the ground realities across much of the state. CBHA also states that its members expressed concerns that additional mandated routing options may fragment that system, increase call complexity, and create operational inefficiencies during periods of high call volume.
- 6) **DOUBLE REFERRAL.** This bill has been double referred; upon passage in this committee, this bill will be referred to the Assembly Communications and Conveyance Committee.
- 7) **RELATED LEGISLATION.** AB 1988 (Pellerin) would require a companion chatbot that detects a credible crisis expression to take specified actions, including providing 988 contact information.
- 8) **PREVIOUS LEGISLATION.**
 - a) AB 726 (Gonzalez), Chapter 483, Statutes of 2025, requires, beginning July 1, 2026, public schools that serve pupils in any of grades 7 to 12, inclusive, and public institutions of higher education that issue pupil identification cards, to have printed on the identification cards the telephone number and text line Trevor Project's LGBTQ+ suicide hotline.
 - b) AB 988 (Mathis), Chapter 460, Statutes of 2023, requires an entity receiving funds from the 988 State Suicide and Behavioral Health Crisis Services Fund to report on the number of individuals served who self-identified as veterans or active military personnel, if known.
 - c) AB 118 (Committee on Budget), Chapter 42, Statutes of 2023, made several changes relevant to 988. Requires a health care service plan or health insurer that is contacted by a 988 center, mobile crisis team, or other provider of behavioral health crisis services to, within 30 minutes of initial contact, either authorize post-stabilization care or inform the provider that it will arrange for the prompt transfer of the enrollee's care to another provider. Revised the statutory definition of 988, requires CHHSA to create

recommendations to support the five-year implementation plan, authorizes the Legislature to consider additional uses for 988 revenue based on CHHSA and 988 PAG recommendations, and more.

- d) AB 988 (Bauer Kahan), Chapter 747, Statutes of 2022, established the 988 Crisis Hotline Center for the purpose of connecting individuals experiencing a mental health crisis with suicide prevention and mental health services, as specified. Requires OES to require an entity seeking funds from the 988 Fund to annually file an expenditure and outcomes report.

9) POLICY COMMENTS.

- a) It is currently unclear what authority or ability the state has to implement a “press 3” option without federal approval or assistance. Calls are routed through a federal contractor, currently an entity known as Vibrant, and a new contract is expected to begin on May 15, 2026. The federal Notice of Funding Opportunity (NOFO FG-26-001) for the role of 988 Administrator requires the incoming organization to “*as directed by SAMHSA*, work with states, territories, and Tribes to analyze and implement connections to locally funded, specialized subnetwork services” (emphasis added). Given SAMHSA’s June 17, 2025 statement that it would “no longer silo LGB+ youth services, also known as the ‘Press 3 option,’ to focus on serving all help seekers, including those previously served through the Press 3 option,” a 988 Administrator working at the direction of SAMHSA may not have the ability to collaborate on individual state options for the LGBTQ+ population.
- b) The proposed TBL defines a new term “designated 988 call center,” and would create a specific process for being designated. Should that TBL become law, the author should identify whether “988 center” or “designated 988 center” is the appropriate term and integrate the language into this bill to ensure that there are not conflicting terms.

10) AUTHOR AMENDMENTS. The author has submitted amendments to the committee to:

- a) Require OES to request SAMHSA to reinstate a press 3 option for calls originating in California;
- b) Require OES and CHHSA to implement the requirements in this bill within 12 months of SAMHSA approving the request; and,
- c) Require that a qualified entity under this bill meet the current statutory definition of a “988 center.”

11) COMMITTEE AMENDMENTS. The committee may wish to make clarifying amendments to strike redundant reporting requirements in subdivision (e), CHHSA contracting authority in (f), and statement that a qualified entity may receive contacts through 988, since all of these would already apply with the author’s amendment requiring a qualified entity to be a 988 center.

REGISTERED SUPPORT / OPPOSITION:**Support**

California Alliance of Child and Family Services (Co-Sponsor)
Equality California (Co-Sponsor)
988 California Crisis Center Consortium
Advocates for Trans Equality
All for Kids
Alliance for Children's Rights
Alliance for Transyouth Liberation
Asian Americans Advancing Justice-Southern California
Cal Voices
California Association of Alcohol and Drug Program Executives, INC.
California Association of School Psychologists
California Association of Social Rehabilitation Agencies
California Behavioral Health Planning Council
California LGBTQ Health and Human Services Network
California Psychological Association
California School-Based Health Alliance
California Youth Empowerment Network
CalPride Sierras
CalPride Stanislaus
CalPride Valle Central
CAMFT
Casa Pacifica Centers for Children and Families
Central Valley Pride
CFT
Children Now
City of West Hollywood
County Behavioral Health Directors Association, (CBHDA)
County of Santa Clara
Courage California
Didi Hirsch Mental Health Services
El/La Para Translatinas
Family Violence Law Center
Fred Finch Youth Center
Gender Affirming Professionals
Hmong Innovating Politics
Interim INC.
Jewish Center for Justice
John Burton Advocates for Youth
LGBTQ+ Inclusivity, Visibility, and Empowerment (LIVE)
Los Angeles LGBTQ Chamber of Commerce
Lyon-Martin Community Health Services
Mental Health Advocacy Services
Mental Health America of California
Mental Health Association of San Francisco
Multi-faith Action Coalition

NASW California
National Black Justice Collective
National Center for Youth Law (NCYL)
National Health Law Program
National LGBTQ Task Force Action Fund
National Women's Law Center Action Fund
Our Family Coalition
Pacific Clinics
PFLAG Fresno
PFLAG Oakland-east Bay
PFLAG Sacramento
Pride At the Pier
Rainbow Families Action Bay Area
Rainbow Pride Youth Alliance
San Diego Pride
San Francisco AIDS Foundation
Santa Monica Democratic Club
Seneca Family of Agencies
Sycamores
The Children's Partnership
The San Diego LGBT Community Center
The Translatin@ Coalition
Transcanwork
Transfamily Support Services
Transgender Health and Wellness Center
University of California Student Association
Viet Voices
World Relief Sacramento
Youth Leadership Institute
Numerous individuals

Opposition

California Family Council
CAUSE: Californians United for Sex-based Evidence in Policy and Law
LGB Alliance Foundation
Los Angeles County Moms for Liberty
Our Duty
SFV Alliance
Women are Real
Two individuals

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