**SENATE COMMITTEE ON EMERGENCY MANAGEMENT**
**Senator Henry Stern**
**Chair**
**2025 - 2026 Regular**

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| **Bill No:** | AB 2093 | **Hearing Date:** | 6/30/2026 |
| **Author:** | Bauer-Kahan | | |
| **Version:** | 6/11/2026 Amended | | |
| **Urgency:** | No | **Fiscal:** | Yes |
| **Consultant:** | Cassie Royce | | |

**SUBJECT:** State 988 system

**SUMMARY:** Makes various oversight changes related to the state 988 Suicide and Crisis Lifeline system.

**ANALYSIS:**

Existing federal law establishes the National Suicide Hotline Designation Act, which designates "988" as the universal, three-digit dialing code for the National Suicide Prevention Lifeline (now known as the 988 Suicide and Crisis Lifeline**)** maintained through the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Existing state law:

1) Establishes the California Office of Emergency Services (Cal OES) as the lead state agency responsible for addressing natural, technological, or man-made disaster and emergencies, including activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property.

2) Establishes the Warren 911 Emergency Services Act which specifies that 911 is the primary emergency telephone number for contacting emergency services within the state, and sets requirements for the 911 system.

3) Designates Cal OES as the agency responsible for administering the state's 911 emergency telephone system, including Public Safety Answering Points, commonly known as 911 dispatch centers, with funds from a 911 customer surcharge on intrastate communication service.

4) Establishes, pursuant to AB 988 (Bauer-Kahan), Chapter 747, Statutes of 2022, the Miles Hall Lifeline and Suicide Prevention Act, to implement the national 988 system in California, and creates the 988 State Suicide and Behavioral Health Crisis Services Fund (988 Fund) to receive revenue generated by a 988 surcharge on telephone access lines.

5) Defines "988 center" to mean a center operating on a county or regional basis and participating in the national 988 network to respond to statewide or regional 988 calls.

6) Requires the California Health and Human Services Agency (CHHSA) to create a set of recommendations to support the five-year implementation plan for the 988 system and convene a related 988 policy advisory group, as specified.

7) Requires CHHSA to post regular updates on its website regarding the implementation of 988 until December 31, 2029.

8) Directs Cal OES, by July 1, 2024, to verify interoperability between and across 911 and 988, including verifying interoperability of telephone calls, texts, chats, and other similar capabilities, as specified.

9) Authorizes Cal OES, in consultation with the Department of Health Care Services (DHCS), to adopt regulations regarding how 988 funds received must be disseminated to support the operations of the 988 system and related behavioral health crisis services.

10) Directs Cal OES to require an entity seeking moneys available through the 988 Fund to annually file an expenditure and outcomes report containing specified information.

This bill:

1) Removes the requirement in existing law for Cal OES to verify interoperability between and across 911 and 988, and, instead, requires Cal OES, in consultation with DHCS, to procure, implement, and designate a single statewide interoperability platform, as specified, between 988 centers and 911 dispatch centers by December 31, 2029.

2) Provides that Cal OES shall retain responsibility for technical interoperability between 911 and 988 systems, including telecommunications coordination and related technology functions.

3) Directs the Emergency Medical Services Authority (EMSA) to consult with Cal OES and DHCS to develop and adopt mandatory statewide protocols, as specified, governing the transfer of calls and communications from 911 dispatch centers to 988 centers.

4) Requires CHHSA to report additional specified information on its website relating to 988 implementation.

5) Establishes that CHSSA shall have the primary responsibility for statewide governance and implementation of the 988 system and requires CHSSA to maintain a 988 System Governance Board for cross-agency coordination and oversight, as specified.

6) Shifts responsibility to DHCS for all of the following:
   a) Oversight of 988 center operations and the integration of mobile crisis teams into 988;
   b) Administration of the 988 Fund, except for technical functions retained by Cal OES;
   c) Development of specified statewide programmatic and funding methodologies necessary to implement the 988 system;
   d) Establishment of statewide requirements, standards, and protocols necessary to support integration between 988 centers and mobile crisis teams, as specified; and,
   e) Establishment of statewide standards and protocols to support clinically appropriate responses to behavioral health crises, as specified.

7) Includes various provisions related to the role of Medi-Cal mobile crisis service providers, the coordination of 988 centers with behavioral health response entities and the development of 988-related fee methodology by DHCS.

8) Removes the existing authority for Cal OES to adopt regulations regarding how 988 funds received must be disseminated and to require an entity seeking moneys available through the 988 Fund to annually file an expenditure and outcomes report and, instead, grants it solely to DHCS.

9) Requires the Department of Tax and Fee Administration to submit an annual report to DHCS, rather than to Cal OES, on revenue generated by the 988 surcharge.

10) Requires revenue from the 988 Fund to be disbursed to DHCS for specified purposes, rather than to Cal OES.

**Background**

*Author's statement*. According to the author, "When the Legislature passed AB 988 in 2022 with broad bipartisan support, California committed to building a comprehensive behavioral health crisis continuum, giving someone in a mental crisis a single phone number that would allow them to connect with a trained individual for counseling who, if necessary, would connect them with further services. Since then, California has made significant progress launching the 988 Suicide & Crisis Lifeline and expanding crisis response services throughout the state. Meanwhile, we've seen the number of calls coming into 988 explode as this service becomes more widely known.

As implementation has progressed, however, stakeholders have identified opportunities to strengthen coordination between 988, 911, mobile crisis teams, and other crisis response services. Experience has also highlighted the need for clearer statewide governance, long-term funding planning, and continued stakeholder engagement to support successful implementation. AB 2093 builds upon the foundation established by AB 988 by clarifying state agency responsibilities, improving interoperability between 988 and 911, strengthening integration with mobile crisis services, extending stakeholder advisory bodies, and creating a sustainable methodology for planning future 988 system investments. California has invested substantial resources in developing its behavioral health crisis response system. AB 2093 seeks to ensure those investments are coordinated, accountable, and positioned to meet the needs of Californians experiencing behavioral health crises for years to come."

*988*. According to SAMHSA, 988 is a phone, chat, and text service that provides free and confidential support to people in suicidal crisis or mental health related distress 24 hours a day, seven days a week, across the U.S. The network consists of more than 200 local, independent, and state crisis centers staffed with skilled, trained crisis counselors. 988 offers specialized services for Spanish-language speakers and people who are deaf or hard of hearing, and connects veterans, service members, and their families to the Veterans Crisis Line for tailored support. 988 also uses Language Line Solutions to provide interpretation to callers in more than 240 additional languages.

In September 2022, Governor Newsom signed AB 988 to ensure and expand services for Californians experiencing a behavioral health crisis. When Californians dial 988, they are directed to one of 12 crisis call centers. The call is routed based on the caller's area code. If a local crisis center is unable to take the call, the caller is automatically routed to a national backup crisis center.

According to DHCS and the 988 call centers, California is experiencing significant growth in 988 contact volume as the system has been implemented. At the time of implementation in July 2022, California averaged approximately 33,000 contacts per month. From May 2024 through April 2025, total monthly 988 contacts averaged 52,000, a 57 percent increase.

*The role of Cal OES*. Cal OES is required to verify 988 technology allows for transfers between 988 centers as well as between 988 centers and 911 dispatch centers. Cal OES indicates that all 988 centers have the capability to transfer calls to other 988 centers and to and from 911 dispatch centers. Cal OES has validated this interoperability through controlled test calls and successful live transfers. According to Cal OES, these efforts confirm that both the technical capability and functional interoperability required under statute have been established.

Cal OES notes that while call centers currently have the technical capability to transfer calls to 911, the operational guidance on how and when those transfers should occur continues to develop. The 988 Technical Advisory Board (988 Board) at Cal OES developed draft transfer recommendations intended to guide when 988 crisis centers should transfer calls to 911 dispatch centers, and vice versa. These recommendations are designed to support more consistent statewide transfer criteria, clarify roles during behavioral health emergencies, and improve coordination between the two systems. The draft transfer recommendations document will continue to be developed to include best practices for warm handoffs, criteria for transfers between systems, liability and operational considerations, data sharing and documentations standards. The document also emphasizes the use of local agreements to operationalize transfers across jurisdictions. According to Cal OES, the 988 Board will vote on the draft document at the next meeting in June 2026 and Cal OES will support coordinated statewide implementation, including alignment with local partners, training, and ongoing updates as operational practices continue to mature.

Meanwhile, CHHSA reports that the first annual progress report on 988 implementation will be published by December 2026, with a public comment period planned for September 2026.

**Prior/Related Legislation**

AB 1540 (Gonzalez) of this session directs CAL OES to establish a dedicated "Press 3" function within 988 to direct a caller to a LGBTQ+ specific crisis line, if the California Health and Human Services Agency makes an annual determination first, as specified. (Pending in Senate Health Committee)

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: Yes Local: No

**SUPPORT:**

California Behavioral Health Association (sponsor)
Mental Health America of California (sponsor)
National Alliance on Mental Illness (sponsor)
Steinberg Institute (sponsor)
The Kennedy Forum (sponsor)
The Miles Hall Foundation (sponsor)
California Alliance of Child and Family Services
California Association of Alcohol and Drug Program Executives
California Association of Local Behavioral Health Boards and Commissions
California Association of Marriage and Family Therapists
California Coalition for Behavioral Health
California State Association of Psychiatrists
Californians for Safety and Justice
Courage California
Drug Policy Alliance
Peace and Justice Law Center
Rubicon Programs
Smart Justice California
WellSpace Health

**OPPOSITION:**

None on file

**ARGUMENTS IN SUPPORT:** In support of this bill, a co-sponsor, the Steinberg Institute, writes that, "As co-sponsors of both AB 988 and AB 2093, we view this legislation as the next phase of California's effort to build a fully functioning behavioral health crisis response system. AB 2093 reflects years of stakeholder engagement, legislative oversight, and implementation experience and provides targeted solutions to address challenges that have become apparent as the system has matured….AB 2093 does not change the vision established by AB 988. Rather, it strengthens the governance, infrastructure, coordination, and accountability necessary to achieve that vision. By addressing implementation challenges identified through years of public discussion and oversight, this bill will help ensure California can fully deliver on the promise of a behavioral health crisis system that provides the right response, at the right time, from the right responder."

**DUAL REFERRAL:** Senate Health Committee and Senate Emergency Management Committee