Office of Senate Floor Analyses
(916) 651-4171

THIRD READING

Bill No: AB 2093
Author: Bauer-Kahan (D)
Amended: 8/13/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 6/24/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE EMERGENCY MGT. COMMITTEE: 8-0, 6/30/26
AYES: Stern, Seyarto, Allen, Ashby, Blakespear, Dahle, Grayson, Pérez
NO VOTE RECORDED: Rubio

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 73-0, 5/21/26 - See last page for vote

SUBJECT: State 988 system

SOURCE: California Behavioral Health Association
Mental Health America of California
National Alliance on Mental Illness – California
Steinberg Institute
The Kennedy Forum

DIGEST: This bill makes various changes to the state's 988 system, including: establishing a single statewide interoperability platform capable of facilitating real-time communication and warm handoffs between 988 centers, 911 public safety answering points, and mobile crisis response; requiring the development of protocols governing the transfer of calls and communications from 911 public safety answering points to 988 centers; and, expanding authority for the Department of Health Care Services and removing authority from the California Governor's Office of Emergency Services in administering the 988 system.

ANALYSIS:

Existing law:

1) Enacts the Miles Hall Lifeline and Suicide Prevention Act and "988," which is 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 and 53123.1.5(a)]

2) 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)]

3) 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)]

4) Requires the California Governor's Office of Emergency Services (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 consistent with the implementation of Next Generation 911. [GOV §53123.3]

5) Requires the California Health and Human Services Agency (CalHHS) to create a set of recommendations to support the five-year implementation plan for the 988 hotline, convene a state 988 advisory group for purposes of advising CalHHS on the set of recommendations to support the five-year implementation plan, and to post regular updates on the CalHHS website regarding the implementation of 988 until December 31, 2029. Permits CalHHS to disband the advisory group after January 1, 2025. [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) up to maximum of $0.30 per access line. [GOV §53123.4(a) and (b)]

7) Authorizes Cal OES, in consultation with the State 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. [GOV §53123.4(c)]

8) Requires Cal 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) Requires CalHHS, until December 31, 2029, to post regular updates, at least annually, regarding the implementation of 988 on its website. [GOV §53123.3(c)]

This bill:

1) Deletes the requirement, per Existing Law 4) above, that Cal OES verify interoperability of phone calls, texts, chats, and other similar capabilities consistent with the implementation of Next Generation 911 by July 1, 2024, and instead requires Cal OES, in consultation with DHCS, to procure, implement, and designate a single statewide interoperability platform capable of facilitating real-time communication and warm handoffs between 988 centers and 911 public safety answering points (PSAPs) or to mobile crisis dispatch, including county behavioral health mobile crisis dispatch, by December 31, 2029.

2) Requires Cal OES to retain responsibility for technical interoperability between 988 mobile crisis dispatch, including county behavioral health, and 911 systems, including telecommunications coordination and related technology functions.

3) Requires the Emergency Medical Services Authority (EMSA), no later than June 1, 2027, in consultation with Cal OES and DHCS, to develop and adopt mandatory statewide protocols governing the transfer of calls and communications from 911 public safety answering points to 988 centers, or to mobile crisis dispatch, including county behavioral health mobile crisis dispatch. Requires the protocols to include:
   a) Criteria for transfers between 911 mobile crisis dispatch, including county behavioral health, and 988;
   b) Procedures, protocols, and policies for warm handoffs; and,

c) Coordination standards between 988 centers, emergency medical services providers, mobile crisis teams, including county behavioral health mobile crisis teams, public safety agencies, and other first responders.

4) Requires EMSA to consult with county behavioral health agencies, 988 call centers, 911 PSAPs, public safety agencies, and other first responders on the development of the protocols requires in this bill.

5) Expands information CalHHS is required to post on its website regarding the implementation of 988 to include the following additional information:
   a) Progress toward statewide interoperability between 988 and 911;
   b) Progress toward statewide integration between 988 centers and mobile crisis teams;
   c) Implementation status of the statewide interoperability platform;
   d) Statewide answer rates for call, text messages, and chats; and,
   e) Information regarding the use of least restrictive and clinically appropriate responses to behavioral health crises.

6) Requires CalHHS to have the primary responsibility for statewide governance and implementation of the 988 system, and to maintain a 988 System Governance Board (the Board) to provide cross-agency coordination and oversight related to implementation of the 988 system. Requires the Board to include representatives from, at minimum, CalHHS, DHCS, EMSA, California Department of Public Health (CDPH), Department of Managed Health Care, Department of Insurance, and Cal OES.

7) Requires DHCS to be responsible for all of the following:
   a) Oversight of 988 center operations;
   b) Oversight of mobile crisis integration into the 988 system;
   c) Administration of the 988 State Suicide and Behavioral Health Crisis Services Fund, except for technical interoperability functions retained by Cal OES;
   d) Development of statewide operational, workforce, training, technology, and funding methodologies necessary to implement the 988 system;
   e) Establishment of statewide requirements, implementation standards, and protocols necessary to support integration between 988 centers and mobile crisis teams, including real-time coordination, warm handoff capability, and response protocols; and,
   f) Establishment of statewide standards and protocols to support least restrictive and clinically appropriate responses to behavioral health crises,

including behavioral health or medical responses in lieu of law enforcement response whenever clinically appropriate.

8) Requires, by December 31, 2029, and to the extent not prohibited by federal law, DHCS to: (1) establish the capability and issue a requirement for county behavioral health mobile crisis response teams to receive and respond to referrals, dispatch requests, or warm handoffs from 988 centers in real time; and, to require 988 call centers to transfer 988 callers to their county mobile crisis dispatch for mobile crisis services consistent with the transfer protocols required by this bill.

9) Prohibits provisions in this bill from prohibiting 988 centers from coordinating with other behavioral health crisis response entities, including city-operated or locally operated mobile crisis teams.

10) Requires DHCS to develop and maintain a statewide three-year expenditure methodology for the 988 State Suicide and Behavioral Health Crisis Services Fund, developed through a public process. Requires the methodology to be completed on or before June 30, 2027, and to first be used for, or before, the 2028–29 budget year.

11) Requires the methodology to establish projected statewide funding needs for a three-year period and shall serve as the basis for the Legislature's appropriation of 988 surcharge revenues.

12) Requires the methodology to account for:
    a) Anticipated statewide call, text, and chat volume;
    b) Anticipated mobile crisis dispatch and response volume;
    c) Staffing levels necessary to meet projected demand;
    d) Workforce vacancy rates and workforce sustainability needs;
    e) Funding necessary to support training time for 988 center staff and mobile crisis personnel;
    f) Technology, telecommunications, infrastructure, and modernization needs;
    g) Geographic equity and statewide access needs, including rural access;
    h) Surge capacity and disaster readiness;
    i) Federal performance standards and national best practices;
    j) Existing and anticipated federal, state, local, and private reimbursement sources; and,

k) Revenues and expenses by 988 call centers and mobile crisis teams receiving or seeking 988 State Suicide and Behavioral Health Crisis Services funds, including county behavioral health mobile crisis response teams.

13) Removes authority from Cal OES, and grants sole authority to DHCS, to: (1) adopt regulations regarding how funds received are required to be disseminated to support the operations of the 988 system and related behavioral health crisis services; and, (2) require an entity seeking funds available through the 988 Suicide and Behavioral Health Crisis Services Fund to annually file an expenditure and outcomes report in a form and manner as determined by DHCS.

14) Requires the California 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.

15) Adds DHCS to provisions in existing law granting authority to adopt regulations to implement the apportionment of the revenues from each surcharge.

16) Requires all remaining revenue from the 988 State Suicide and Behavioral Health Crisis Service Fund to be disbursed to DHCS for specified purposes, rather than to Cal OES.

Background

According to the author of this bill:

> When the Legislature passed AB 988 in 2022 with bipartisan support, California committed to building a comprehensive behavioral health crisis continuum, giving someone in crisis a single phone number that would allow them to connect with a trained counselor who, if necessary, would connect them with further services. Since then, California has made significant progress launching 988 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. This bill 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. This bill seeks to ensure those investments are coordinated, accountable, and positioned to meet the needs of Californians for years to come.

Establishing the 988 crisis system. On December 31, 2024, CalHHS published its "Building California's Comprehensive 988-Crisis System: A Strategic Blueprint"—a five-year implementation plan (the Plan) presented to the Legislature—that notes, following the passage of the Miles Hall Lifeline and Suicide Prevention Act, CalHHS launched a year-long process to develop the Plan that would help build a comprehensive 988-crisis system in the state. AB 988 (Bauer-Kahan, Chapter 747, Statutes of 2022) required the establishment of an advisory group, subsequently named the 988-Crisis Policy Advisory Group (PAG), comprised of state and county representatives, service providers, advocates, and community representatives. The PAG, supported by seven interrelated workgroups, met to develop recommendations for consideration by the state. The recommendations included in the Plan are intended to enhance existing programs and build a comprehensive 988-crisis system that addresses community needs and aligns with current and emerging federal requirements and national best practices. AB 988 created the 988 State Suicide and Behavioral Health Crisis Services Fund, consisting of revenues generated by a telecom surcharge to support 988 Crisis Centers and related mobile crisis teams. Cal OES currently administers this fund, managing the surcharge fee and overseeing state technology for 911/988 interoperability, with advice from the State 988 Technical Advisory Board.

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 on 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 has also been selected as part of this year's new Assembly Outcomes Review oversight efforts. 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.

The state's crisis response system to date. The Plan further notes that strengthening crisis services in California is critical. In 2022, 4,312 Californians died by suicide and 11,002 died due to drug overdose. California, like most other states, has also experienced a significant rise in overdose deaths from the opioid/fentanyl crisis. Across the state in 2021 more than 2.1 million Californian's visited an emergency department with a behavioral health concern. In 2023, one-in-four Californians (25%) reported that they or someone close to them needed treatment for a serious mental illness, and one-in-five (21%) indicated that either they or someone close to them needed treatment for substance use or addiction issues. According to the Plan, the long-term aim of a comprehensive 988-crisis system, to help address the ongoing issues faced in the state, is to connect individuals who access 988 through a phone call, text, or chat with community-based providers capable of delivering a full spectrum of crisis care services while also providing them with tools and resources to help prevent future crises. Calls to California's 911 system are answered by 441 locally governed PSAPs. In CalHHS's "AB 988 Chart Book: An Inventory of Needs, Services and Gaps of the Behavioral Health Crisis System," also from December 2024, it is noted that an estimated 240 million calls are made to 911 in the U.S. annually, and in 2022, Californians contacted 911 26.3 million times (one-in-10 of all calls nationally). 80% or more of 911 calls are from wireless devices, and in California, 86% are from wireless devices and only 6% are wireline. Studies estimate that 5% to 15% of all calls to 911 are for behavioral health emergencies. A Vera Institute analysis of 911 call data in nine cities estimated that an average of 19% of calls could be answered by unarmed crisis responders. To illustrate this, the Chart Book states that using the 5% to 15% estimates as a rough proxy for behavioral health would equate to between 1.35 million and 4 million behavioral health- related calls being answered by 911 in California. If 10% of those were transferred to 988, that would be an additional 135,000-400,000 calls annually, which results in an increase of between 35%-96% of current volume. Yet, connectivity between 911 and 988 is variable in terms of both technology and available resources, and California is still working toward establishing and verifying interoperability between 911 and 988, as required and envisioned by AB 988. Another barrier is that most Californians said they knew nothing at all about 988 in a poll conducted in August−September of 2023. Younger people ages 18 to 34 were more likely to know about 988 than older adults, which is similar to that of national polling.

CalHHS trailer bill language (TBL). The Administration proposed TBL, which is still pending approval by the Legislature, would establish a process and standard criteria for entities to apply for approval as "designated 988 centers." Additionally,

the proposed language provides 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 PAG. The TBL also provides DHCS with the authority to oversee the funding of 988 centers, designated 988 centers, and mobile crisis teams for staffing that is necessary to provide 988 and mobile crisis services. It would also require Cal 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. Further, the TBL adds representation from EMSA on the PAG, and proposes to authorize EMSA to establish statewide training and protocol standards for personnel involved in transfers of calls between 911 PSAPs and 988, medical triage, and response to warm handoffs. The TBL also requires the CDPH to implement public awareness strategies to assist the implementation of 988.

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

According to the Senate Appropriations Committee:

- Unknown one-time and ongoing General Fund costs, likely high hundreds of thousands, for the California Health and Human Services Agency (CalHHS) for reporting requirements, advisory group facilitation, and serving as lead for the statewide governance group.
- Unknown ongoing costs, likely low hundreds of thousands, for the Emergency Medical Services Authority (EMSA) for state administration (988 State Suicide and Behavioral Health Crisis Services Fund).
- Unknown ongoing costs, likely low millions, for the California Governor's Office of Emergency Services (Cal OES) to establish and maintain the statewide interoperability platform (988 State Suicide and Behavioral Health Crisis Services Fund).
- Unknown ongoing costs, potentially hundreds of thousands, for the Department of Health Care Services (DHCS) for state administration (988 State Suicide and Behavioral Health Crisis Services Fund).

SUPPORT: (Verified 8/14/2026)

California Behavioral Health Association (co-source)

Mental Health America of California (co-source)
National Alliance on Mental Illness – California (co-source)
Steinberg Institute (co-source)
The Kennedy Forum (co-source)
988 California Crisis Center Consortium
California Alliance of Child and Family Services
California Association of Alcohol and Drug Program Executives, Inc.
California Association of Local Behavioral Health Boards and Commissions
California Association of Marriage and Family Therapists
California Association of Social Rehabilitation Agencies
California Behavioral Health Association
California Coalition for Behavioral Health
California State Association of Psychiatrists
Californians for Safety and Justice
Courage California
Crisis Support Services of Alameda County
Didi Hirsch Mental Health Services
Drug Policy Alliance
El Hogar Community Services
Peace and Justice Law Center
Rubicon Programs
Sycamores
The Miles Hall Foundation
Smart Justice California
WellSpace Health

OPPOSITION: (Verified 8/14/2026)

None received

ARGUMENTS IN SUPPORT: California Behavioral Health Association, Mental Health America of California, the National Alliance on Mental Illness – California, the Steinberg Institute, and The Kennedy Forum, as co-sources, and other supporters state that as with any large-scale systems transformation, implementation remains ongoing and complex. California continues to face significant challenges related to sustainable funding, 911 interoperability, governance and coordination, and the integration of mobile crisis teams and other in-person response options. These issues require continued collaboration across state departments, counties, providers, advocates, and individuals with lived experience. The 988 Policy Advisory Group has served as a critical forum for this collaboration. The Advisory Group has helped identify implementation barriers,

elevate stakeholder perspectives, and provide practical guidance to state leaders as California continues to build out a comprehensive crisis response system. This collaborative structure has been particularly valuable given the multi-agency nature of 988 implementation and the need for ongoing course correction as the system evolves. Under AB 988, the 988 Policy Advisory Group became optional at the end of 2024. While this flexibility may have been appropriate during early implementation, the continued evolution of the 988 system makes clear that sustained stakeholder engagement remains essential. This bill recognizes that 988 is not a one-time implementation, but a long-term systems transformation that requires ongoing guidance and coordination.

ASSEMBLY FLOOR: 73-0, 5/21/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Irwin, Jackson, Johnson, Kalra, Krell, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Arambula, Chen, Garcia, Hoover, Lackey, Ramos, Celeste Rodriguez

Prepared by: Reyes Diaz / HEALTH / (916) 651-4111
8/17/26 10:47:43

****** END ******