CONCURRENCE IN SENATE AMENDMENTS
AB 2093 (Bauer-Kahan)
As Amended August 13, 2026
Majority vote

SUMMARY

Extends the date at which the California Health and Human Services Agency (CalHHS) is authorized to disband the 988 advisory group from January 1, 2025 to January 1, 2030. Requires the advisory group to meet once per quarter until December 31, 2029. *Authorizes CalHHS to reconvene the advisory group. Requires CalHHS to maintain a 988 System Governance Board including representatives from, at minimum, CalHHS, State Department of Health Care Services (DHCS), Emergency Medical Services Authority (EMSA), State Department of Public Health (DPH), Department of Managed Health Care (DMHC), Department of Insurance (CDI), and the Office of Emergency Services (CalOES). Requires CalOES to procure, implement, and designate a single statewide interoperability platform capable of facilitating real-time communication and warm handoffs between 988 centers, mobile crisis team dispatch, including county behavioral health mobile crisis teams, and 911 public safety answering points (PSAPs). Transfers responsibilities for managing the 988 State Suicide and Behavioral Health Crisis Services Fund (Fund) from CalOES to DHCS.*

Senate Amendments

1) Require CalHHS to maintain a 988 System Governance Board to provide cross-agency coordination and oversight related to implementation of the 988 system, including representatives from, at minimum, CalHHS, DHCS, EMSA, DPH, DMHC, CDI, and CalOES.

2) Require CalOES, in collaboration with DHCS and on or before December 31, 2029, to procure, implement, and designate a single statewide interoperability platform capable of facilitating real-time communication and warm handoffs between 988 centers, mobile crisis team dispatch, including county behavioral health mobile crisis teams, and 911 PSAPs.

3) Require CalOES to retain responsibility for technical interoperability between 988 mobile crisis dispatch, including county behavioral health dispatch, and 911 systems, including telecommunications coordination and related technology functions.

4) Require EMSA, in consultation with DHCS, to develop and adopt mandatory statewide protocols governing the transfer of calls and communications from 911 PSAPs to 988 centers and mobile crisis team dispatch points, including county behavioral health mobile crisis dispatch points, to include certain minimum requirements.

5) Provide additional direction to CalHHS on the required content of regular updates posted to its public website, including: progress toward statewide interoperability between 988 mobile crisis teams, including county behavioral health mobile crisis teams, and 911; statewide answer rates for call, text messages, and chats; and more.

6) Require DHCS to be responsible for certain aspects of 988 implementation, including: oversight of 988 center operations; administration of the Fund, except for technical interoperability functions retained by the CalOES; and more.

7) Require DHCS, by December 31, 2029, to 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 developed, to the extent allowed by federal law.

8) Require DHCS to develop and maintain a statewide three-year expenditure methodology for the Fund, to be developed through a public process on or before June 30, 2027, and provide for minimum considerations in developing the methodology.

COMMENTS

Policy advisory group. AB 988 (Bauer Kahan), Chapter 747, Statutes of 2022, requires CalHHS to establish and convene a ″state 988 advisory group,″ which has been named the 988-Crisis Policy Advisory Group, to advise on the development of recommendations for a five-year implementation plan for a comprehensive 988 system. Despite statutory authority to disband the group as of January 1, 2025, CalHHS resumed meetings in January 2026 and established new 988-Crisis Workgroups focusing on 988 integration and sustainable funding. This bill would allow the group to be disbanded no sooner than January 1, 2030.

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 was 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. *The Outcomes Review hearing was held on May 12, 2026. For more detail on the background of the 988 system and the current state of 988 implementation, please refer to the background paper on the Assembly Health Committee website.*

Trailer Bill Language (TBL). The Administration *previously* 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 the CalOES, 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. *The TBL was not included in the June Health Trailer Bill.*

Interoperability. CalOES is required to verify 988 technology allows for transfers between 988 Crisis Centers as well as between 988 Crisis Centers and 911 PSAPs and verifying the interoperability between 988 and 911. CalOES reports that all 988 centers have the capability to transfer calls to other 988 centers and to and from 911 PSAPs. As a result, baseline interoperability, consistent with the statutory requirement, has been achieved through the existing legacy 911 system. CalOES states it has taken additional steps to validate this capability. In 2024, interoperability between the 988 and 911 networks was verified in the CalOES laboratory through controlled test calls. In 2025, this interoperability was further demonstrated operationally through successful live transfers between the Buckelew 988 Crisis Center and 911 PSAPs. Together, according to CalOES, these efforts confirm that both the technical capability and functional interoperability required under statute have been established, with ongoing work focused on strengthening consistency and operational protocols across systems.

Call centers currently have the technical capability to transfer calls to 911; however, the operational guidance on how and when those transfers should occur continues to develop. Through the 988 to 911 Interface Work Group, the 988 technical advisory board developed draft transfer recommendations intended to guide when 988 crisis centers should transfer calls to PSAPs, and when PSAPs should transfer calls to 988. 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 by the Interface Working Group, 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 the Author
AB 988 passed with broad bipartisan support because all communities struggle to assist people in mental health crisis. It is imperative that the 988 system achieves its original goals of interoperability and teamwork across the departments tasked with 988 implementation. Continued assistance and oversight from the advisory group are key to making success a reality. The author concludes that failure of this program is not an option: the lives of Californians depend on it.

Arguments in Support
The Steinberg Institute (SI) is the sponsor of this bill and states in support that since implementation began, California's 988 system has demonstrated tremendous promise. Call volumes have more than doubled, crisis counselors successfully de-escalate the vast majority of behavioral health crises, and only a small fraction of contacts require law enforcement intervention. Yet significant implementation challenges remain that have prevented the state from fully realizing the vision established by AB 988. SI argues that this bill does not change the vision established by AB 988, rather, it strengthens the governance, infrastructure, coordination, and accountability necessary to achieve that vision. SI concludes that 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.

The 988 California Crisis Center Consortium (988 California) supports this bill stating that, while significant progress has been made since the launch of 988, implementation challenges

continue to hinder the development of a fully integrated statewide crisis response system. 988 California contends its member agencies work 24/7 to ensure Californians have access to high quality compassionate care when they contact 988. 988 California says it has voiced concerns regarding the challenges with the current system repeatedly and believes strongly that a legislative solution is needed to create a sustainable and responsive 988 system for our communities. 988 California argues that the issues addressed by this bill are not new. Stakeholders have raised these concerns repeatedly through numerous public forums, including the AB 988 Policy Advisory Group, the State 988 Technical Advisory Board, legislative hearings of the Assembly Select Committee on California's Mental Health Crisis, the Speaker's Outcomes Review Process, and Senate and Assembly budget hearings. Across these venues, participants have consistently identified the same challenges: fragmented statewide governance, insufficient coordination between 988, 911, and mobile crisis teams, lack of interoperability infrastructure, and funding methodologies that do not adequately account for projected demand and system modernization needs. 988 California concludes that this bill provides the framework necessary to achieve the goals envisioned when the Legislature established 988 and invested in a dedicated funding source to support it.

Arguments in Opposition
None to the current version of the bill.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

1) *Unknown one-time and ongoing General Fund costs, likely high hundreds of thousands, for CalHHS for reporting requirements, advisory group facilitation, and serving as lead for the statewide governance group.*

2) *Unknown ongoing costs, likely low hundreds of thousands, for EMSA for state administration (988 State Suicide and Behavioral Health Crisis Services Fund).*

3) *Unknown ongoing costs, likely low millions, for CalOES to establish and maintain the statewide interoperability platform (988 State Suicide and Behavioral Health Crisis Services Fund).*

4) *Unknown ongoing costs, potentially hundreds of thousands, for DHCS for state administration (988 State Suicide and Behavioral Health Crisis Services Fund).*

VOTES:

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM COMMUNICATIONS AND CONVEYANCE: 9-0-0
YES: Boerner, Hoover, Bonta, Caloza, Castillo, Krell, Lowenthal, Rogers, Blanca Rubio

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 73-0-7
YES: 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
ABS, ABST OR NV: Arambula, Chen, Garcia, Hoover, Lackey, Ramos, Celeste Rodriguez

UPDATED

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