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Outcomes Review for AB 988 (Bauer Kahan), Chapter 747, Statutes of 2022
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INTRODUCTION

This paper provides background for the Outcomes Review of AB 988 (Bauer-Kahan), Chapter 747, Statutes of 2022, also known as the Miles Hall Lifeline and Suicide Prevention Act. 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.

AB 988 requires the Governor's Office of Emergency Services (CalOES) to implement and oversee the policy and regulatory framework for the technology infrastructure, coordination, and transfer of calls between 988, 911, and behavioral health crisis services. It also requires the California Health and Human Services Agency (CalHHS) to develop a five-year implementation plan and to convene a 988 policy advisory group (PAG) to make recommendations on specific issues to support implementation. AB 988 establishes the 988 State Suicide and Behavioral Health Crisis Services Fund (988 Fund) to receive revenue generated by the 988 surcharge. It establishes the 988 surcharge for the 2023 and 2024 calendar years at $0.08 per access line per month, and for years beginning after January 1, 2025, at an amount based on a formula, but not greater than $0.30 per access line per month. AB 988 requires the CalOES formula to divide the costs approved for 988, minus the current available balance of the 988 fund, by its estimated number of access lines to which the surcharge will apply per month for the period of January 1 to December 31, inclusive, of the next calendar year (fee methodology on page 21). Finally, AB 988 requires health care service plans and insurers to cover medically necessary treatment of a mental health or substance use disorder, including behavioral health crisis services, provided by a 988 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider, at the in-network cost-sharing amount.

988 crisis centers are intended to quickly answer in-state contacts at a rate of 90% or more, within 20 seconds 95% of the time. Call centers support and de-escalate help seekers, provide risk assessment and safety planning, connect to care and resources, and coordinate emergency services, as necessary. The goal of AB 988 is to provide suicide prevention and immediate, localized emergency response for individuals in behavioral health crisis by trained behavioral health professionals, as an alternative to 911. AB 988 seeks to move away from a system that 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.

There have been several recent avenues for oversight of AB 988 implementation, including a December 2, 2025 hearing of the Select Committee on California's Mental Health Crisis, an April 30, 2026 hearing of the Senate Budget Subcommittee #3 on Health and Human Services, and the May 4, 2026 hearing of the Assembly Budget Subcommittee #1 on Health.

HISTORY OF 988

The National Suicide Prevention Lifeline (NSPL) was the name of the 10-digit phone number and national network of local crisis centers established following a 2005 federal law to provide free and confidential support for people in suicidal crisis or emotional distress. Lifeline call centers in California set the hours and coverage areas for when they will take lifeline calls. They do this based on funding and staffing levels. Prior to the National Suicide Hotline Designation Act of 2020 (NSHD), an individual would call the national number (800)-273-TALK, to be routed to the local crisis center. If a crisis center is unable to respond to all callers at any time, calls are diverted to backup centers. In 2019, the NSPL received nearly 2.3 million crisis calls from across the United States and 290,619 of those calls were from California. Of those calls, 199,192 were connected to crisis centers in the state.

The NSHD passed unanimously through both chambers of Congress and was signed by President Trump on October 17, 2020. It designates 988 as the new three-digit number for the national suicide prevention and mental health crisis hotline. The NSHD does the following:

a) Requires the Federal Communications 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 (now called the 988 Lifeline). Declares that "to prevent future suicides, it is critical to transition the cumbersome, existing 10-digit National Suicide Designation Hotline to a universal, easy-to-remember, three-digit phone number and connect people in crisis with lifesaving resources."

b) 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 communications service (landline), a wireless communication service line (cell phones), and Voice Over Internet Protocol (VoIP). Requires revenue from the fee to be held in a designated account to be spent only in support of 988 services, and the FCC to submit an annual report on state administration of these fees. Permits the fees to only be spent on:

  i) Ensuring the efficient and effective routing of calls made to the 988 national suicide prevention and mental health crisis hotline to an appropriate crisis center;

  ii) Personnel; and,

  iii) The provision of acute mental health crisis outreach and stabilization by directly responding to the 988 national suicide prevention and mental health crisis hotline.

c) Requires the United States Department of Health and Human Services (HHS) and the Department of Veterans Affairs, 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 to 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.

AB 988 was introduced on February 18, 2021 to facilitate the implementation of the NSHD in California, and it was signed by Governor Newsom on September 29, 2022. By July 2022, President Biden had allocated $1 billion from the American Rescue Plan and Bipartisan Safer Communities Act to get the program up-and-running in every state.

AB 988 FIVE-YEAR IMPLEMENTATION PLAN

The "Building California's Comprehensive 988-Crisis System: A Strategic Blueprint" (the AB 988 Five-Year Implementation Plan) was submitted to the California Legislature on December 31, 2024. It acts as the state's master framework for transitioning 988 from a standalone hotline into a fully integrated crisis response system by 2030.

The plan is organized into four Strategic Goals, four Cross-Cutting Recommendations, and two Companion Reports.

Four Strategic Goals. These goals organize the 14 specific statutory components of the AB 988 plan and required recommendations into actionable areas for state agencies:

a) **Public Awareness of 988 and Behavioral Health Crisis Services.** Focuses on building trust and executing targeted public health communication campaigns. This includes tailoring messaging for populations that may be distrustful of emergency systems, at elevated risk of suicide, or unreached by national Substance Abuse and Mental Health Services Administration (SAMHSA) campaigns.

b) **Statewide Infrastructure and Technology.** Focuses on the technical operations needed to seamlessly connect help seekers to the right counselors. A major component is establishing the protocols, routing platforms, and interoperability standards for bidirectional call transfers between 988 crisis centers and 911 public safety answering points (PSAPs).

c) **High-Quality 988 Response.** Focuses on the operational standards for the state's network of regional 988 Crisis Centers. This includes defining clinical protocols, standardizing training (such as the specialized LGBTQ+ affirming training partnership with The Trevor Project), and ensuring consistent 24/7 service statewide via phone, text, and chat.

d) **Integration of 988 and the Continuum of Services.** Focuses on the "after the call" logistics. It outlines how 988 centers will dispatch local mobile crisis teams, coordinate with community-based social services, secure beds at crisis stabilization facilities, and minimize unnecessary law enforcement involvement.

Four Cross-Cutting Recommendations. These represent systemic priorities that must be embedded across all four of the main goals:

a) **Equity.** Prioritize inclusion and equity in crisis care service delivery for populations that may be at elevated risk for behavioral health crisis, experience discrimination and prejudice, and/or need adaptive/tailored services for equitable access due to physical, intellectual/developmental disability, or unique cultural and/or linguistic needs.

b) **Funding and Sustainability.** Continue to implement strategies to support sustainable crisis systems at the local level that are connected to broader behavioral health transformation efforts, including behavioral health parity.

c) **Data and Metrics.** Establish data systems and data standards to support monitoring of 988 and the behavioral health crisis care continuum's performance.

d) **Peer Support and Workforce.** Integrate peer support across the crisis care continuum to support person-centered, culturally responsive, and recovery-oriented care.

Companion Reports. To ground the blueprint in actual data and community needs, the implementation plan was submitted alongside two key appendices:

a) **The AB 988 Chart Book.** A comprehensive data inventory that maps out the current behavioral health crisis system. It catalogs state mortality and morbidity data, tracks behavioral health-related emergency department visits, and identifies specific gaps in physical infrastructure (like local treatment beds and mobile crisis units).

b) **The AB 988 Community Engagement Report.** A qualitative report compiling findings from a state listening tour. It directly incorporates the perspectives of people with lived experience, including formerly unhoused individuals, tribal members, LGBTQ+ individuals, and family members who have lost loved ones to suicide.

STATUTORY AND PROGRAMMATIC UPDATES

AB 118. AB 118 (Committee on Budget), Chapter 42, Statutes of 2023, makes several changes relevant to 988. AB 118 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. AB 118 revises the statutory definition of 988, requires CalHHS to create recommendations to support the five-year implementation plan, authorizes the Legislature to consider additional uses for 988 revenue based on CalHHS and 988 PAG recommendations, and more.

Federal Changes. 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. 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 April 29, 2026. During the April 21, 2026 hearing of the U.S. Senate Appropriations Committee, Secretary of Health and Human Services Robert F. Kennedy, Jr. was asked if he would commit to restoring specialized support for the LGBTQ+ community and he responded, "We're working on getting it up now."

Proposed Trailer Bill Language (TBL). The State Administration has posted proposed TBL that, according to the Department of Health Care Services (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 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 necessary to provide 988 and mobile crisis services. It would also require 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.

Budget change proposal (BCP). DHCS requests eight positions and expenditure authority from the 988 Fund of $25.9 million in 2026-27, $25.8 million in 2027-28 through 2029-30, and $4.4 million annually thereafter to support increased workload related to 988 and to support 988 Crisis Centers. The current SAMHSA 988 grant, which provides approximately $20.2 million annually in federal funding to directly support the 988 Crisis Centers, is set to expire in September 2026. DHCS has received no information regarding additional federal 988 grant funding and does not anticipate a renewal of the current grant. As such, without increased funding from the 988 Fund, there will be a $20.2 million funding shortfall in Local Assistance dollars, which will be required to support the 988 Network and 988 Crisis Centers.

Call routing. The current federal program administrator is Vibrant Emotional Health. The 988 Lifeline is made up of a network of over 200 independently owned and operated local centers. 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 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.

STATE AGENCY IMPLEMENTATION ACTIVITIES

Seven state agencies and departments have required statutory responsibilities or recommendations in the five-year implementation plan for implementing 988 (figure of state implementing entities on page 20). The information below was provided by the various state departments on April 6, 2026, regarding completed and planned implementation activities. This is not intended to be an exhaustive list of all implementation activities by departments.

CalHHS. State law requires CalHHS, until December 31, 2029, to post regular updates, no less than annually, regarding the implementation of 988 on its public internet website.

These updates aim to provide the public with insights into the progress of 988 implementation, the performance of the crisis system, and whether further improvements are needed. CalHHS established its 988 website at https://www.chhs.ca.gov/988california. CalHHS reconvened the 988-Crisis PAG in 2026 to review status of 988 implementation and advise CalHHS on the progress report. Workgroups have been meeting to focus on topics such as integration of 988 into the crisis care continuum, transitions of care from 988 to mobile crisis services and crisis stabilization services, sustainable funding of the crisis system, behavioral health crisis parity, and data reporting. CalHHS developed a draft template for state departments with a role in AB 988 implementation to report on their activities as listed in the AB 988 five-year implementation plan. CalHHS plans to have a draft progress report out for public comment during Q3 of 2026 and to publish annual progress report of Year 1 of AB 988 implementation (Fiscal Year (FY) 2025-26) during Q4 of 2026, which is aligned with reporting years outlined in the Plan.

CalHHS is also required to collaborate with state entities and system partners to support the implementation of the Plan. CalHHS invited representation from departments and state entities with a role in AB 988 implementation to participate in the 988-Crisis PAG and workgroups, and engaged these representatives in producing recommendations for the plan and working to implement the plan. CalHHS coordinates monthly to bimonthly meetings between CalHHS and departments on AB 988 implementation, since December 2023. Topics covered include communication about 988, intersection of 988 with 911/public safety and emergency medical services, law enforcement involvement in behavioral health crises, intersection of technology and policy, and public awareness/information on 988. CalHHS also coordinates monthly meetings on 988 implementation for CalHHS, CalOES, and DHCS since November 2023. Topics covered include intersection of policy and technology for the future CA 988 Contact Handling System, representation on the Cal OES Technical Advisory Board (TAB) and the CalHHS PAG, pilots and progress on 911 and 988 interoperability, 988 surcharge fee and the 988 Fund, and mobile crisis dispatch. During 2025, CalHHS initiated a 988 project charter which was reviewed and revised by CalOES and DHCS to facilitate 988 implementation. The charter memorializes roles, responsibilities, and lines of communication to maintain continuity of collaboration regardless of changes in staffing or administration. The three state entities regularly reviewed documents on 988 that require inter-agency collaboration, including the 911-988 transfer

guidance, 988 funding policy, and the annual expenditures and outcomes report for entities that seek support from the 988 Fund.

CalHHS actively manages California's 988 implementation through regular, ongoing meetings with state and federal partners, including CalOES, DHCS, SAMHSA, and Vibrant Emotional Health (the national 988 administrator). These partnerships focus on securing funding, building in-state call capacity, integrating mobile crisis services, and managing data and workforce needs. To troubleshoot on-the-ground challenges and share best practices, CalHHS also maintains consistent communication with local California 988 crisis centers, the 988 California Consortium, and the national 988 State Affinity Workgroup.

Beyond routine oversight, CalHHS has spearheaded operational milestones for the crisis line. Between fall 2024 and winter 2025, the agency facilitated a multi-agency effort to successfully transition California's 988 call routing from an area-code-based system to physical location georouting. Additionally, to offset the federal discontinuation of LGBTQ+ specialized services, CalHHS partnered with The Trevor Project in July 2025. This collaboration created tailored cultural competence training for general 988 counselors, with live virtual sessions concluding in April 2026 and recorded modules remaining accessible through June 2027.

CalOES. 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. Future interoperability depends on the deployment of NextGen (NG) 911 system. The timeline is for all PSAPs to transition to the new NG 911 network by June 2030 and retire the legacy 911 system by July 2030, per the CalOES NG 911 transition plan published in February 2026.

The 988 TAB was first convened in 2022 and meets quarterly, as required by AB 988. Board membership includes representatives from 988 crisis centers, PSAPs, and partner state agencies. Under the 988 TAB, additional working groups have been established:

a) **Interface Working Group.** Focuses on the coordination and technical integration between 988 and partner systems (e.g., 911, behavioral health, and other crisis response services) and discuss best practices for transfers.

b) **Accessibility and Equal Access Working Group.** Addresses barriers to 988 services and promotes equitable access for all populations, including individuals with disabilities, limited English proficiency, and underserved or vulnerable communities.

c) **988 Implementation Working Group.** Supports the statewide rollout and ongoing operationalization of 988, including policy alignment, performance monitoring, and identification of 988 center needs to ensure consistent and effective service delivery.

d) **Call-handling Solutions Analysis Working Group.** Evaluates market call center technologies, staffing models, and operational approaches to improve call response, triage, and outcomes, with an emphasis on efficiency, quality, and scalability.

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 TAB 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. The 988 TAB will vote on the draft document at the next meeting in June 2026 and CalOES will support coordinated statewide implementation, including alignment with local partners, training, and ongoing updates as operational practices continue to mature.

DHCS. DHCS administers and supports the California 988 Crisis Center Network, including training, oversight, funding distribution, and coordination of state partners. In 2024, DHCS contracted with Advocates for Human Potential, Inc. (AHP) to serve as the administrative entity supporting California's 988 Network, including providing training and technical assistance (TTA) to 988 Crisis Centers and distribution of funds. AHP works on DHCS' behalf to provide administrative and programmatic support to the statewide 988 network, including coordinating with 988 Crisis Centers, providing technical assistance (TA), collecting and analyzing operational data, supporting reporting and implementation planning, and assisting DHCS in developing communications and Tribal engagement strategies. These activities support the implementation of Goal C of the AB 988 Five-Year Implementation Plan, which identifies DHCS as responsible for overseeing and providing administrative support to California's 988 Crisis Centers and staff.

To meet the diverse needs of Californians seeking crisis services, DHCS funds TTA to help 988 Crisis Centers appropriately respond to youth, Tribal communities, individuals that identify as LGBTQ+, older adults, individuals with substance use needs, and other populations identified through data that have elevated suicide risk.

DHCS identifies training priorities by evaluating help-seeker data and engaging stakeholders through the 988 Crisis PAG, PAG workgroups, and surveys of 988 Crisis Center staff. DHCS created a TTA survey to gather direct input from 988 Crisis Centers for their TTA needs. Additionally, after each webinar or office hour, an evaluation is distributed to attendees. This evaluation includes a section to gather feedback for additional TTA topics that attendees would like to have included in the future. Lastly, during one-on-one 988 Crisis Center meetings with

DHCS' administrative entity, TTA is a standing agenda item where each center is encouraged to discuss TTA topics they may require. This informs a comprehensive and evolving statewide TTA plan.

TTA is delivered through multiple formats, including webinars, office hours, coaching calls, quarterly meetings with 988 Crisis Centers and state partners, one-on-one TTA requests, and supervisory learning modules designed to support 988 Crisis Center leadership. Since DHCS partnered with AHP in early 2024, there have been 140 required one-on-one calls between 988 Crisis Centers and AHP, 39 ad hoc one-on-one calls, 15 presentations on various topics, 24 office hour events, and various other communications. Additionally, DHCS has hosted 14 All Crisis Center meetings with the California 988 Network stakeholders and eleven 988 Crisis Centers. DHCS builds training standards upon national guidelines developed by Vibrant Emotional Health, the SAMHSA-funded administrator of the national 988 Suicide & Crisis Lifeline, and adapts those standards based on California help-seeker data trends.

988 Crisis Centers follow the 988 Lifeline Policy on Clinical Training, which requires training materials to align with national policies including the 988 Suicide Safety Policy and 988 Lifeline Safety Assessment Model. Training emphasizes maintaining connection with the help-seeker, de-escalating the crisis, and using conversational approaches to crisis/suicide risk assessment and information gathering whenever possible. DHCS prioritizes training for populations disproportionately affected by suicide and provides TA focused on supervisory best practices and workforce support.

DHCS monitors 988 Crisis Center performance through key performance indicators (KPIs) required under the national 988 Lifeline Network agreement, including proportion of contacts answered, speed to answer, and rollover rate to the national backup network. By monitoring and supporting compliance with KPIs, DHCS helps to protect help-seekers, promotes consistent service delivery across the statewide network, and upholds 988 operational and clinical standards. DHCS reviews monthly 988 Crisis Center data reports to identify areas where additional support may be needed. When performance gaps are identified, DHCS works with its administrative entity, AHP, to provide targeted TTA to help 988 Crisis Centers meet performance goals.

In conjunction with this, DHCS hosts TTA events focused on clinical quality improvement monitoring to support 988 Crisis Centers as national 988 Lifeline requirements evolve. For example, DHCS recently supported 988 Crisis Centers' transition from volume-based quality monitoring to counselor-focused quality monitoring models aligned with updated national guidance. These monitoring activities allow DHCS to identify emerging operational challenges and work with 988 Crisis Centers to maintain consistent, high-quality crisis response services for individuals reaching out to 988 in California.

DHCS distributes funds to 988 Crisis Centers annually through AHP. AHP subcontracts directly with the eleven California 988 Crisis Centers and those subcontracts include funding to support staffing and training necessary to respond to 988 contacts. Each year, DHCS develops a funding methodology, in coordination with AHP, to distribute available funds based on the operational needs of each 988 Crisis Center.

988 Crisis Centers have an opportunity to provide input on the methodology through an annual feedback process. DHCS maintains ongoing communication with the 988 Crisis Centers, including recurring meetings during which centers provide direct feedback on funding levels, operational challenges, and future system needs. In addition, DHCS has previously consulted with the 988 Crisis Centers for both FY 2024-25 and FY 2025-26 state budget development processes and will continue to do so in the future. The funding methodology considers several factors, including contact volume trends, 988 Crisis Center budgets, staffing needs identified by the centers, and operational data to help ensure funds are distributed in a manner that supports statewide 988 service capacity. Demand for 988 services in California continues to grow as awareness of the 988 Suicide & Crisis Lifeline increases. While staffing sufficiency fluctuates, current data indicates that 988 Crisis Centers are not sufficiently funded for the staffing needed to meet the needs of growing 988 demands, especially given the unique nature of these positions and the difficulty hiring for them. However, in the current 988 BCP posted on the Department of Finance's website, DHCS is requesting resources for FY 2026-27 and ongoing to provide additional funding to support 988 Crisis Centers, especially those related to meeting increasing contact volume demand.

DHCS monitors contact volume trends, including calls, chats, and texts, to assess whether current Crisis Center staffing levels are sufficient to meet demand. DHCS also subcontracts with Didi Hirsch Mental Health Services, one of California's 988 Crisis Centers, to provide TA services to the other ten 988 Crisis Centers to support staff training based on their specific needs. This includes hosting learning collaboratives and webinars, developing FAQs, toolkits, and fact sheets, and responding to requests for resources.

To evaluate staffing capacity and determine whether additional resources are needed, DHCS conducts several ongoing monitoring and planning activities:

a) Conducts a year-over-year analysis of contact volume trends across calls, chats, and texts to understand growth patterns and anticipate future staffing needs across the statewide 988 network;

b) Develops a quarterly California 988 Staffing Plan Report that collects information from Crisis Centers regarding current staffing levels, staffing needs, and anticipated workforce changes. This report helps DHCS evaluate whether 988 Crisis Centers have sufficient staffing to meet their KPIs and plan for anticipated increases in contact volume. 988 Crisis Centers are also asked to identify coverage plans for potential increases in contact volume and contingency plans to address possible staffing shortages;

c) Reviews staffing data monthly through 988 Crisis Center invoices and data reports. These data are evaluated alongside contact volume, budgets, and performance metrics to determine whether staffing levels are aligned with operational needs across the statewide network; and,

d) Works directly with 988 Crisis Centers to identify operational challenges and provide support so centers have the staffing, resources, and training necessary to respond to current demand and prepare for anticipated growth in contacts.

To support performance monitoring, DHCS implemented a California 988 KPI Support Form. Since October 2025, 988 Crisis Centers must submit a California 988 KPI Support Form when KPIs are not met. The data collected on these forms inform DHCS about current barriers that prevent 988 Crisis Centers from meeting performance targets and identify whether additional TTA or operational support is needed.

The Five-Year Implementation Plan includes a broad recommendation to establish integrated data systems and standardized methodologies for monitoring 988 operations and the broader behavioral health crisis continuum. Under the Five-Year Implementation Plan DHCS and the California Department of Public Health (DPH) are implementation partners in developing population-level outcome measures and corresponding quantifiable performance goals, with work scheduled to commence in Years 3 and 4 (calendar years 2027 and 2028).

DHCS and DPH convene on a quarterly basis to coordinate complementary initiatives, such as public awareness campaigns, and address shared data needs. For example, DHCS provided data to DPH to inform the *Never a Bother* youth suicide prevention campaign, which featured the 988 Suicide and Crisis Lifeline. DHCS will continue this quarterly engagement and anticipates furnishing additional data to support DPH-led media and public awareness efforts moving forward.

Department of Managed Health Care (DMHC). Over the course of four years, DMHC issued three All Plan Letters (APLs) containing guidance to the health plans on how to properly and timely implement AB 988. In December 2022, after passage of AB 988, DMHC issued APL 22-031 which contained initial guidance and accompanying filing requirements requiring plans' coverage of behavioral health crisis services provided to an enrollee by a 988 center or mobile crisis team, regardless of whether the service is provided by an in-network or out-of-network provider. AB 988 further specified cost sharing would be limited to a member's current in-network cost-sharing amount.

In December 2023, DMHC issued APL 23-025 which contained guidance and accompanying filing requirements detailing the plans' responsibilities under AB 118, which built upon the protections in AB 988 to define behavioral health crisis services provided to an enrollee by a 988 center or mobile crisis team, to cover all items and services that are eligible for coverage under the Medi-Cal program. This action memorialized that the services provided to commercial health plan members would be in parity to the services provided to Medi-Cal members.

Throughout 2024, DMHC representatives participated in the CalHHS 988 PAG and contributed to the Five-Year Implementation plan. The conversations with stakeholders on the PAG made it clear that additional guidance and oversight of the health plans was needed. In March 2025, DMHC issued that guidance in APL 25-006, which included a comprehensive list of codes and descriptions for all services that could be included as a mobile crisis service. These codes aligned with services and providers eligible for coverage in the Medi-Cal program. This APL was the result of stakeholder work with advocates, providers, and plans to establish a list of codes, appropriate providers, and minimum necessary patient information a plan needs to process claims in a timely manner.

After this guidance was issued, DMHC hired a Health Program Specialist II to serve as the liaison between plans and providers to ultimately ensure that all mobile crisis claims are paid in accordance with existing law. DMHC has created a template for providers to use to detail all unpaid and underpaid claims by plans. That data will be used to compel payment from plans and inform providers of the correct submission process. The template was reviewed by stakeholders and was sent to all 58 counties, in addition to community-based providers. Data from the counties is currently being sent to DMHC, and beginning in April 2026, DMHC plans to meet with health plans to correct inaccurate payment patterns, inconsistent application of statute, and lack of proper communication channels between plans and providers. DMHC will also determine whether additional guidance is needed.

DPH. DPH, through a comprehensive statewide stakeholder process, has finalized and published a plan to support the implementation of DPH's statutory roles in Proposition 1/ Behavioral Health Services Act (BHSA). One of the primary roles for DPH under the BHSA is to prevent suicide. The plan outlines several proposed activities that align with recommendations from the AB 988 Five-Year Implementation Plan. Statute makes funds available for these purposes effective July 1, 2026.

Public awareness of available services is one key factor that influences access to behavioral health. DPH will launch a new campaign to increase awareness and trust of 988 and other behavioral health crisis services and advance the goals and efforts of the five-year implementation plan, especially for: populations not reached through national campaigns and/or are distrustful of 988 or other emergency or crisis lines; populations at greatest risk of suicide or other behavioral health crisis; and populations that may need or benefit from accommodations. Beginning with FY 2026-27 and ongoing through FY 2028-29, DPH is investing in a Trusted Messenger Campaign Program to award contracts to Community-Based Organizations (CBOs and Tribes). Trusted messengers are vital in public health because they effectively bridge communication gaps, fostering empathy, understanding, and respect for health information, especially within communities with existing disparities. By building trust, these messengers can deliver public health messages that are more likely to be heard, accepted, and acted upon, leading to improved health outcomes. These funds will also include dedicated funding and support for 988 Crisis Centers, which support behavioral health prevention.

California Department of Insurance (CDI). CDI reports that AB 988 required CalHHS to coordinate with both of the state health insurance regulators, CDI and DMHC, to verify reimbursement to 988 centers. The five-year plan suggests that DMHC and CDI coordinate on reimbursements, as necessary. To date CDI has not received any provider complaints related to reimbursements under AB 988 and therefore it has not been necessary to coordinate on these issues. CDI continues to monitor insurer compliance with Insurance Code sections and CDI regulations with regard to 988 implementation, and welcomes any outreach from CalHHS or DMHC.

Emergency Medical Services Authority (EMSA). EMSA participates in cross departmental coordination meetings facilitated by CalHHS and is an active member of the CalHHS 988-Crisis PAG as well as the CalOES TAB. Through these venues EMSA can weigh in, as appropriate, on 988 public messaging. EMSA also reports that oversight of the medical aspects of clinical quality

assurance of 988 Crisis Centers will commence following full implementation of the 988 system, as the system has to be in operation in order for EMSA to perform quality assurance.

EVALUATION OF AB 988 IMPLEMENTATION

California contact data. The 988 Suicide & Crisis Lifeline tracks several KPIs to measure the efficiency and effectiveness of its national and state-level response networks. These metrics help ensure that individuals in crisis receive timely and quality support. These KPIs track how the overall network handles the volume of incoming contacts:

a) **Routed In-state:** A routed contact that was answered or abandoned on the local or national-backup subnetwork;

b) **Answered In-state:** A routed in-state contact that is answered at an in-state or queue on the local subnetwork;

c) **Answer rate:** Total number of answered contacts divided by the total number of routed contacted over a specified period of time or segment such as region, subnetwork, etc.;

d) **Average speed to answer:** Average time (out of all answered contacts) from when a contact is routed to when to when a contact is answered;

e) **Average talk time:** Average time, in seconds, between when a routed contact is answered to when the call is disconnected; and,

f) **Flowout rate:** A routed in-state contact that was neither answered in-state nor abandoned in-state.

According to DHCS and the Crisis 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% increase. Between January to March 2026, inclusive, the overall in-state answer rate in California was 85.5% on a total of 143,895 calls routed in-state. For the same period in 2025, the answer rate was 84.3% on a total of 106,999 calls routed in-state. For text and chat specifically, stakeholders note that the response rates are much lower, as low as 35%. This may create increased risk for harder to reach populations. A 2022 study titled "*Individuals who text crisis text line: Key characteristics and opportunities for suicide prevention*" sought to identify those utilizing the 988 text option and found that the text option reaches a highly distressed, young, mostly female population, including typically underserved minorities and a substantial percentage of individuals who do not receive help elsewhere. Text and chat was not widely available before the shift to 988, so as a service it is still growing in both public awareness and the ability of centers to provide it.

Funding challenges. According to the Senate Budget Subcommittee #3 April 30, 2026 hearing background, DHCS contracts with AHP as an administrative entity to subcontract California's 988 Crisis Centers and provides funding for 988 services through the 988 Fund, which receives revenue from the 988 surcharge, currently set at $0.05 per access line per month. The state's eleven 988 Crisis Centers are as follows (map of centers and coverage areas on page 19):

a) Buckelew Programs (Novato)

b) Kings View (Fresno)

c) Contra Costa Crisis Center (Walnut Creek)

d) Crisis Support Services of Alameda County (Oakland)

e) Didi Hirsch Mental Health Services (Century City)

f) Kern Behavioral and Recovery Services (Bakersfield)

g) United Behavioral Health/Optum (San Diego)

h) San Francisco Suicide Prevention – Felton Institute (San Francisco)

i) County of Santa Clara Behavioral Health Services (San Jose)

j) Family Service Agency of the Central Coast (Santa Cruz)

k) WellSpace Health (Sacramento)

Based on the higher contact volume noted above, DHCS estimates its minimum funding need for 988 Crisis Center operations in 2026-27 would be $32 million from the 988 Fund. Currently, DHCS has a $12.5 million local assistance appropriation for 988 centers. The Crisis Centers report their total funding needs for operations at $105 million. Other states charge a much larger fee per line than California ($0.05), including Delaware ($0.60), Maryland ($0.25), Minnesota ($0.12), Nevada ($0.35), Oregon ($0.40), Virginia ($0.12), and Washington ($0.40).

988-911 interoperability. As noted by CalOES, baseline interoperability between 988-911 does currently exist. However, it may not exist in the way originally envisioned by proponents. The draft transfer recommendations document, containing guidance on how and when to initiate transfers between 988 and 911, was discussed at the TAB meeting on February 19, 2026, and some stakeholders shared concerns about whether it is current or sufficient without additional references, best practices, and examples of successful models. Stakeholders also raised concerns about the lack of consideration of the role of mobile crisis units in the draft document.

A core promise of 988 is to divert mental health crises away from law enforcement response through 988-911 interoperability. As noted at the beginning of this paper, AB 988 is known as the Miles Hall Lifeline and Suicide Prevention Act because in 2019 Miles Hall, a 23-year-old man dealing with a mental health emergency, was shot and killed by police near his home. While 988 exists as an alternative to 911 for those dealing with mental health emergencies, without true, seamless interoperability, it's not clear that the 988 system will be able to achieve one of its primary goals and one of the defining features that separates 988 from the legacy lifeline service. While the NG 911 system may enable an important form of interoperability, the state may wish to explore avenues to enable transfers before that.

Mobile Crisis. Community-based mobile crisis response teams predate 988 and the federal American Rescue Plan Act of 2021 (ARPA). They were not standardized in their availability, team composition, or funding. Since 2013, the state has been providing crisis intervention, crisis stabilization, and crisis residential treatment services to Medi-Cal beneficiaries through county mental health plans. ARPA authorizes state Medicaid programs to provide qualifying community-based mobile crisis intervention services for a period of up to five years, beginning April 1, 2022, and ending March 31, 2027. States that implement the mobile crisis intervention benefit receive an 85% federal match for reimbursement of these services for the first three years of the five-year period. The 2022 Budget Act authorized DHCS to implement this benefit in the Medi-Cal program beginning January 1, 2023.

Mobile crisis intervention services are intended to provide rapid response, individual assessment, and crisis resolution by trained mental health and substance use treatment professionals and paraprofessionals in situations that involve individuals with behavioral health conditions. SAMHSA describes three core components of a robust crisis system: 1) a 24 hour clinically staffed call center that can serve as a the hub of an integrated mental health crisis system, 2) mobile crisis response teams that can respond rather than law enforcement, and 3) crisis receiving and stabilization facilities that provide short-term services and can be accessed readily rather than relying on emergency departments or hospital environments.

The 2021 Budget Act included expenditure authority of $755.7 million ($445.7 million General Fund and $310 million Coronavirus Fiscal Recovery Fund or CFRF) in 2021-22, $1.4 billion ($1.2 billion General Fund and $220 million CFRF) in 2022-23 and $2.1 million General Fund in 2023-24 for competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources as part of the Behavioral Health Continuum Infrastructure Program (BHCIP). Of this amount, $150 million was made available to support mobile crisis infrastructure, along with $55 million in federal grant funds from SAMHSA, for a total investment of $205 million.

According to CalHHS, as of September 2024 the state had funded more than 450 Crisis Care Mobile Units through BHCIP. As of December 2024, 48 counties were approved to provide mobile crisis services under the Medi-Cal Mobile Crisis benefit, covering 98% of Medi-Cal members statewide. When the enhanced federal match under the American Rescue Plan Act expires at the end of March 2027, DHCS is proposing to transition the Medi-Cal Mobile Crisis benefit to a voluntary, county-funded service.

Many 988 centers do not currently have the authority to directly deploy mobile crisis teams, and must engage county agencies or 911 in order to dispatch.

National evaluation. On April 22, 2026, *The New York Times* reported that:

> "Over the two and a half years following the 2022 rollout of the 988 national suicide prevention hotline, the rate of suicides among young people in the United States dropped 11% below projections, decreasing most sharply in states with a higher volume of answered 988 calls, a new study has found.

> The findings, published today as a research letter in *JAMA*, compared suicide deaths from July 2022 to December 2024 with sophisticated mathematical projections that were based on historical trends. This yielded good news, with 4,372 fewer suicides of adolescents and young adults, ages 15 to 34, than had been projected.
>
> To ensure that the decline was related to the use of the hotline, researchers at Harvard Medical School teased out the trends in states with high and low usage of the hotline. The findings were striking: The 10 states with the largest increases in 988 calls experienced an 18.2% reduction in observed suicides compared with expected suicides; in the 10 states with the lowest uptake, the reduction was smaller, 10.6%.
>
> The results suggest that the government's investment in the 988 rollout has translated into "a measurable reduction of deaths," said Dr. Vishal Patel, a resident physician at Brigham and Women's Hospital and one of the authors of the study."

The research letter referenced in the article concludes that sustained access to suicide and crisis services is contingent on continued investment, and existing funding is estimated to be insufficient to meet service demand in nearly half of all states. In addition, specialized 988 Lifeline services for young LGBTQ+ adults, who previously accounted for approximately 10% of 988 Lifeline contacts, have been eliminated, potentially dissuading their use of this service. The 10 states with the largest call volume increases were North Dakota, Virginia, Indiana, New York, Rhode Island, Missouri, Maryland, Vermont, Connecticut, and West Virginia. Those with the lowest uptake included Tennessee, Alabama, Texas, South Carolina, New Mexico, Mississippi, Illinois, Delaware, Wisconsin, and Maine.

CONCLUSION

California has emerged as a national leader in 988 implementation through the passage of AB 988, establishing a sustainable funding model to support its network of 11 local crisis centers and providing for the coverage of crisis services at in-network rates. As the state with the highest volume of 988 contacts, California has maintained an in-state answer rate of approximately 85%, ensuring that most residents reach local counselors familiar with community resources. Despite these gains, the state faces a looming funding gap as enhanced federal Medicaid matching for mobile crisis teams is set to expire in 2027, potentially shifting significant costs back to counties. Furthermore, while CalHHS has released its comprehensive Five-Year Implementation Plan, technical delays in achieving true interoperability between 988 and 911 dispatch centers remain a persistent hurdle in fully diverting mental health crises away from law enforcement. With law enforcement in some regions shifting away from responding to mental health calls where a crime is not being committed or others are not in danger, the successful implementation of AB 988 and availability of mobile crisis teams will only be more important.

In consultation with the Assembly Health Committee, stakeholders have raised several issues for further consideration by the Legislature:

1) Is the current fee structure adequate to meet the needs of 988 call centers and does the methodology need to be more prescriptive to ensure resources are available as contact

volume grows? Do annual updates to the fee allow for too much revenue volatility and uncertainty?

2) Is the current state governance structure of 988 adequate and appropriate to meet the needs of 988 centers and consumers?

3) Are there specific strategies the state should consider to increase in-state text and chat answer rate?

4) How can other prevention efforts be leveraged to reduce individuals reaching the point of crisis and utilizing 988?

5) Does the state need to direct greater geographic diversity in developing additional call centers to provide more localized support in rural California?

6) Can 988 be better integrated and coordinated with existing behavioral health services?

7) How can the state improve targeted outreach for hard-to-reach populations, including Black, indigenous, and communities of color, veterans, and those experiencing homelessness?

8) Are there other models of interoperability to explore outside of the NG 911 system? What are the steps the state may wish to explore in the interim to improve interoperability and transfers?

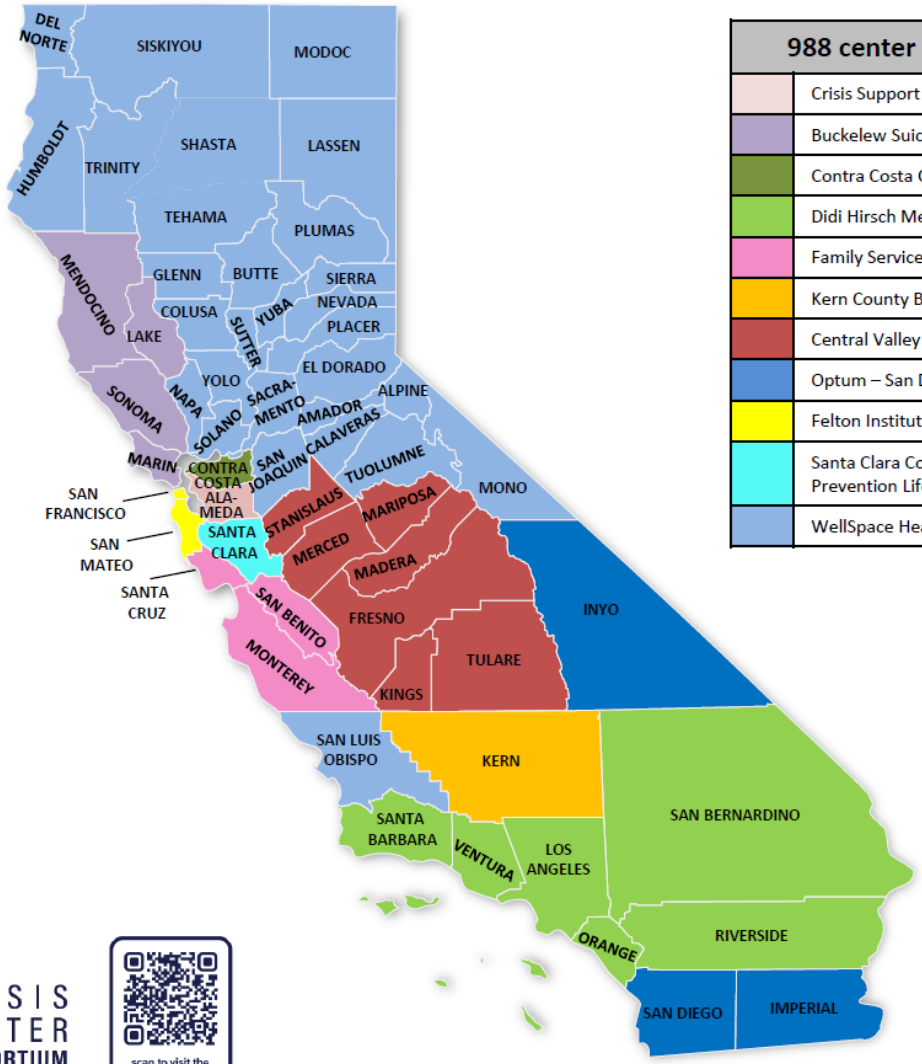
CURRENT LEGISLATION AND APPENDICES

a) AB 1540 (Mark González) would require CalOES to request the federal government to authorize a function to allow California callers to dial 988 and press "3" to be automatically routed to a call center specializing in LGBTQ+ suicide prevention services.

b) AB 1988 (Pellerin) would require operators of companion chatbots to implement a system for addressing "credible crisis expressions," as defined. Would require the operator of the chatbot, when a credible crisis expression is detected, to ensure the chatbot displays a warning to the user that, among other things, encourages the user to seek human support and refers them to the 988 Suicide and Crisis Lifeline. Would require the operator, if a second credible crisis expression is detected within 72 hours, to initiate a crisis interruption pause during which no further conversational outputs are allowed until a human moderator reviews the credible crisis expression in context and determines and documents the appropriate course of action in accordance with the operator's policy. Would require operators to submit an annual report to the Office of Suicide Prevention (OSP) with specified information related to the implementation of this bill.

c) AB 2093 (Bauer-Kahan) would extend the date at which CalHHS is authorized to disband the 988 PAG from January 1, 2025, to January 1, 2030. Would require the advisory group to meet once per quarter until December 31, 2029.

988 Suicide & Crisis Lifeline California Call Routing Map (2026)



988 center providing primary call coverage
Crisis Support Services of Alameda County
Buckelew Suicide Prevention Program
Contra Costa Crisis Center
Didi Hirsch Mental Health Services – Suicide Prevention Center
Family Services Agency of the Central Coast – 988 Center
Kern County Behavioral Health Recovery Services – Crisis Services
Central Valley Suicide Prevention Hotline
Optum – San Diego Access and Crisis Line
Felton Institute – San Francisco and San Mateo Suicide Prevention
Santa Clara County Behavioral Health Services – Crisis & Suicide Prevention Lifeline
WellSpace Health Suicide Prevention and Crisis Services

Note: in the event the primary 988 center is unable to answer, all CA counties have 2-3 levels of backup coverage provided by one or more of the other California 988 centers.

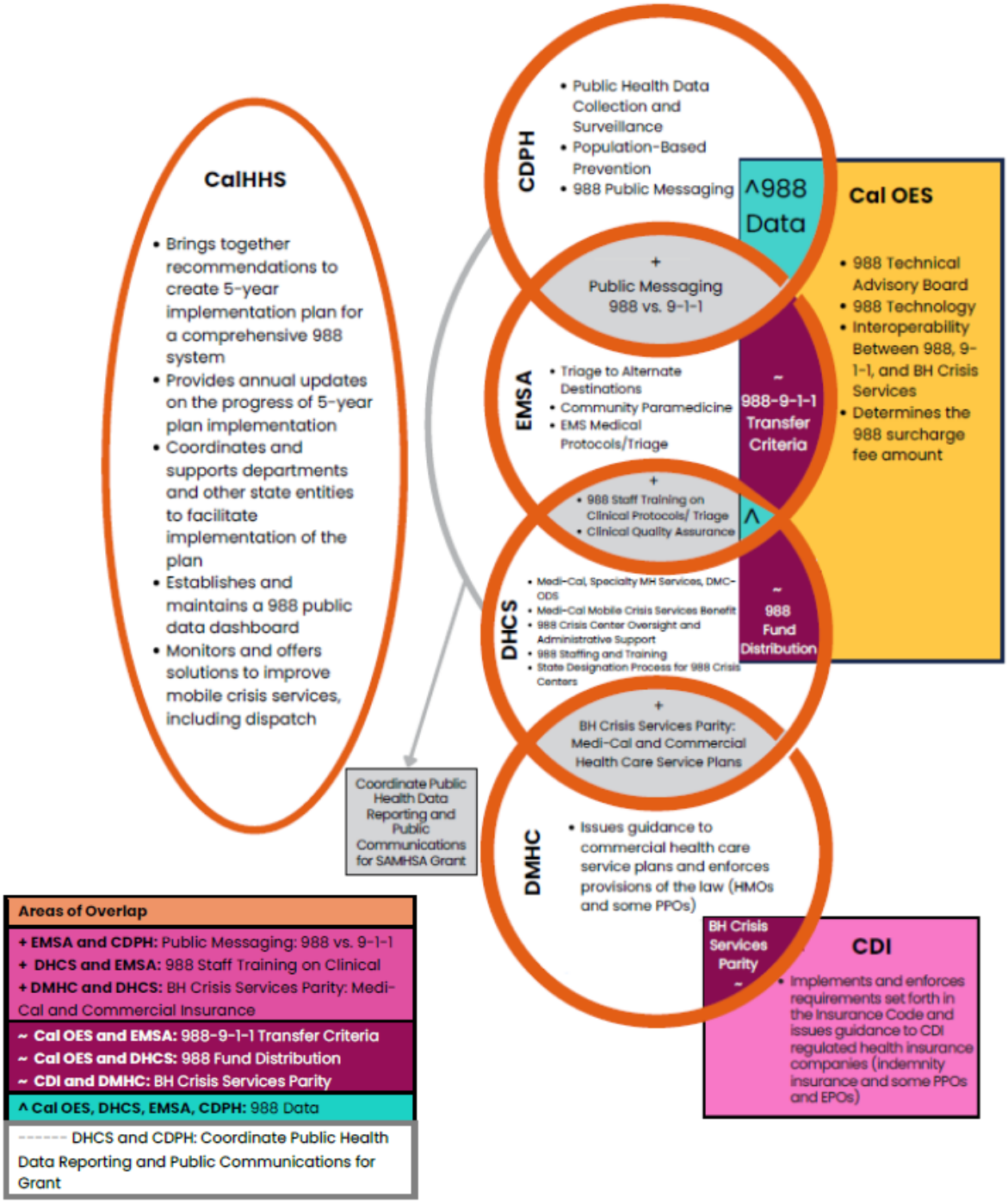
In addition, the 988 national backup network provides coverage for any 988 call that is unable to be answered by the primary or backup 988 centers in California.

988 CRISIS CENTER CALIFORNIA CONSORTIUM

scan to visit the 988California.org

Map date: 1/7/26

Future 988-Crisis State Governance Structure Venn Diagram



988 - Suicide and Crisis Lifeline

Mental health and crisis services are an integral part of California's efforts to strengthen the continuum of support for individuals experiencing behavioral health crises, notably through the implementation of the 988 Suicide & Crisis Lifeline. In 2023, California established the 988 Suicide and Crisis Lifeline Program to support individuals in mental health crisis. The program is funded by the 988 State Suicide and Behavioral Health Crisis Services Fund, which is supported through fees assessed against phone access lines. Cal OES calculates the assessment rate necessary to fully fund 988 programs and associated appropriations included in the 2025-26 Budget Act.

The following section describes the 988 program's rate calculation and the surcharge methodology:

988 Rate Calculation - Calendar Year 2026

Description	Amount
Appropriation*	$ 62,824,000
Amount Remaining from Prior Year*	$ 45,223,000
Difference - Revenue Needed for This Year	$ 17,601,000
Estimated Number of Access Lines	47,533,701
Surcharge per Month	$ 0.05
Projected Annual Revenue	$ 28,520,221

* From the Fund Condition Statement on the Department of Finance's website.

988 Surcharge Methodology

California Governor's Office of Emergency Services (Cal OES) uses the following process, set in statute, to determine the surcharge rates for the 988 system:

1. The authorized appropriation is from the final Budget Act and the remaining fund balance information from the prior year is from the Fund Condition Statement posted on Department of Finance's website.
2. The revenue needed for the year is determined by subtracting fund balance from authorized expenditures.
3. The projected annual revenue is determined by multiplying the number of phone access lines provided by phone providers by the proposed surcharge, adjusting the surcharge until the amount of revenue generated is sufficient to cover the amount of revenue needed.
4. Determine sufficient fund balance, which is generally 10 percent of annual expenditures.
5. Adjust surcharge to maintain a sufficient fund balance.
6. The rate letter must be sent to the California Department of Tax and Fee Administration by October 1 every year.

Government Code Section

California Revenue and Taxation Code Section 41030 requires Cal OES to annually determine the 988 surcharge amounts imposed on telephone access lines. This revenue funds the state's 988 system.