

**California Department of Health Care Services
Proposed Trailer Bill Legislation**

Suicide Prevention Voluntary Tax Contribution Fund

FACT SHEET

Issue Title: Suicide Prevention Voluntary Fund. The Department of Health Care Services (DHCS) is proposing to shift statutory provisions applicable to the continuously-appropriated Suicide Prevention Voluntary Contribution Fund from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to DHCS, effective July 1, 2022. The proposed statutory changes are intended to align programs supporting crisis centers located in the state that are active members of the “9-8-8” National Suicide Prevention Lifeline, effective July 16, 2022.

Background: AB 984 (Lackey, Chapter 445, Statutes of 2019) established the Suicide Prevention Voluntary Tax Contribution Fund and allows individuals to make a voluntary contribution to the Suicide Prevention Voluntary Tax Contribution Fund on the state personal income tax return. Revenues are continuously appropriated and primarily allocated to MHSOAC to support crisis centers located in the state that are active members of the National Suicide Prevention Lifeline for the purpose of providing suicide prevention services.

In addition to supporting the Franchise Tax Board, State Controller’s Office, and MHSOAC for administrative workload, existing law requires the funds to be distributed to crisis centers in the following manner:

- Fifty percent to fund program services in rural and desert communities through a Commission-administered project-specific grant process; and,
- Fifty percent to crisis center active members for suicide prevention services in proportion to the percentage of calls each center receives annually.

The allocated funds are prohibited from supplanting state General Fund money for any purpose.

Proposed Change: In order to reduce Administrative redundancies and maximize services consistent with the intent of AB 984, this proposal shifts primary programmatic responsibilities of the fund from MHSOAC to DHCS. All funding received will be utilized to support the “9-8-8” National Suicide Prevention Line, prioritizing those serving rural and desert communities. This proposal will remove the existing requirement to split the funding between suicide prevention services in rural and desert communities and suicide prevention services across all crisis call centers in the state.

Specifically, this proposal would:

- Shift programmatic responsibilities for the Suicide Prevention Voluntary Tax Contribution Fund from MHSOAC to DHCS (RTC Section 18916).

- Remove the requirement that funds are distributed through a grant process or proportion of annual call volume, and the requirement of departmental reporting, (RTC Section 18916(a)(2) and (b)).
- Authorize DHCS to enter into exclusive or nonexclusive contracts to utilize contract exemption authority (RTC Section 18916(a)(2)(A)).
- Prohibit use of the funds to supplant state administrative Mental Health Services Act funding (RTC Section 18916(a)(2)(B)).

Justification for Change: DHCS proposes to utilize the funding received in the Suicide Prevention Voluntary Tax Contribution Fund to support call centers for the “9-8-8” National Suicide Prevention Lifeline. An important part of crisis services is the phone number and call center that people call when a crisis arises. This is a focus for California in the months ahead as it prepares for implementation of “9-8-8,” the national crisis hotline for people who are suicidal or otherwise in crisis, which is required to go-live by July 16, 2022.

Funding from the Suicide Prevention Voluntary Tax Contribution Fund will be utilized to support suicide prevention services provided by National Suicide Prevention Lifeline accredited call centers, prioritizing those that serve rural and desert communities. Call centers will provide or arrange for the provision of suicide prevention services to California residents, either accepting calls directly, or arranging for calls to be accepted, from residents in each of the 58 counties. Services provided include: warm lines, online chat interventions, survivor support groups, grief counseling, mental health information and referral services, community outreach, follow-up services for high risk callers, special population dedicated numbers, community training, research and other services.

Summary Argument in Support: California will align administration of this funding with existing suicide prevention efforts underway, prioritizing those in rural and desert communities, which is the intent of the Suicide Prevention Voluntary Tax Contribution Fund.