

Date of Hearing: April 28, 2021

ASSEMBLY COMMITTEE ON COMMUNICATIONS AND CONVEYANCE
Miguel Santiago, Chair
AB 988 (Bauer-Kahan) – As Introduced February 18, 2021

SUBJECT: Mental health: mobile crisis support teams: 988 crisis hotline

SUMMARY: Establishes a comprehensive system of response for callers to a federally-designated, and nationally-available, “988” three-digit phone number, and switched from “911”, for the purpose of connecting individuals experiencing a mental health crisis with suicide prevention and mental health crisis counselors, mobile crisis support teams, and crisis receiving and stabilization services, and requires an unspecified surcharge on each customer’s telephone access line to fund the services not funded by other sources. Specifically, **this bill:**

- 1) Requires the Office of Emergency Services (OES) to take specified actions to implement, oversee, and enforce the “988” crisis line system, including designating centers to provide crisis intervention, the training of responders, coordinating care, and establishing mobile crisis response to “911” calls transferred to “988” call centers;
- 2) Establishes the “988” crisis line emergency response system to:
 - a) Connect a person in a mental health crisis to a trained counselor to address their immediate needs;
 - b) Receive calls transferred from “911” pertaining to a mental health crisis, to deploy mobile crisis support teams, as an alternative to law enforcement response, and to provide crisis intervention services when necessary; and,
 - c) Ensure individuals are referred to ongoing mental health care when necessary.
- 3) Establish and fund a continuum of mental health crisis services to be available to “988” callers to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness, resiliency, and recovery oriented.
- 4) Requires the OES to annually determine a surcharge on each telephone access line in an amount sufficient to provide the revenue needed to fund the provisions of this bill including crisis hotline centers operated by counties, mobile crisis support teams, and crisis receiving and stabilization mental health services, less any legislative appropriations from other fund sources;
- 5) Requires the California Public Utilities Commission (CPUC) to publish on its website relevant information about the “988” crisis line including implementation guidelines which are to include customer education and network modification.

EXISTING LAW:

- 1) Establishes the Warren-911-Emergency Assistance Act, which requires every public agency to have in operation a telephone service which automatically connects a person dialing the digits “911” to an established public safety answering point (PSAP) from any communications device; requires every “911” system to include police, firefighting, and emergency medical, and ambulance services. (Government Code § 53100 et seq.)
- 2) Sets a fee on each telephone access line, not to exceed \$0.80 per access line per month, to fund the “911” emergency system overseen by the OES. (Revenue & Taxation Code § 41030)
- 3) Directs the CPUC to fund six public purpose programs through the assessment of surcharges on telecommunications customers which are collectively 7.749 percent of a customer’s provider charges as of December 2020. (Public Utilities Code § 280 et seq. and § 873)
- 4) Designates “988” as the 3-digit dialing code for the National Suicide Prevention Lifeline (NSPL) and requires that service providers transmit all calls initiated by an end user dialing “988” to the current toll free access number for the NSPL no later than July 16, 2022, and pay for the costs of doing so. (FCC 20-100)
- 5) Establishes the federal National Suicide Hotline Designation (NSHD) Act, designating the three-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the NSPL maintained by the Assistant Secretary of the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) and the Veterans Crisis line maintained by the Secretary of Veterans Affairs. (Public Law No: 116-172, 10/17/2020)
- 6) Specifies that county mental health services should be organized to provide immediate response to individuals in pre-crisis and crisis and to members of the individual’s support system, on a 24-hour, seven-day-a-week basis and authorizes provision of crisis services offsite, as in mobile services.

FISCAL EFFECT: Unknown. This bill has been keyed fiscal by the Legislative Counsel.

BACKGROUND:

National Suicide Prevention Lifeline, 1-800-273-TALK –The SAMHSA administers and funds the National Suicide Prevention Lifeline, in partnership with the Department of Veterans Affairs, which manages the Veterans Crisis Line. A national network of local crisis hotline centers are in place with over 180 centers nationally (13 in California¹) which connect persons in each state to local crisis centers 24/7 through this toll-free number. Some states lack resources to answer calls

¹ Suicide Prevention of Yolo County; WellSpace Health, Sacramento; Buckelew Suicide Prevention Program, Novato; Contra Costa Crisis Center; Crisis Support Services of Alameda County; Star Vista, San Carlos; Felton Institute, San Francisco; Santa Clara County Suicide and Crisis Services; Suicide Prevention Service of the Central Coast; Central Valley Suicide Prevention Hotline, Kings View; Kern Behavioral Health & Recovery Service Hotline; Suicide Prevention Center, Didi Hirsch Mental Health Services; and Optum, San Diego.

locally causing national back-up centers to answer approximately 30% of all calls. This leads to longer wait times and fewer links to the best local care in those states. Over 10 million calls are answered annually, not all centers participating in the NSPL network take statewide calls and not all centers answer calls 24/7. California had the highest rate of calls initiated from the state (the most in the country; twice that of New York and a third more than Texas) from October to December 2020 with approximately 60,000 calls initiated and 50,000 calls answered for an in-state answered rate of 85%.

FCC Acts on “988” – In July of 2020, the FCC adopted rules designating a new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The transition, which will take place over the next 15 months, will result in phone service providers directing all “988” calls to the existing NSPL by July 16, 2022. The transition time gives phone companies time to make necessary network changes (the costs of which they are required absorb) and is intended to additionally provide time for the NSPL to prepare for a likely increase in the volume of calls following the switch. Under the new rules, calls to “988” will be directed to 1-800-273-TALK, which will remain operational during and after the “988” transition.

Congressional Response – Last fall Congress responded to the FCC’s action and authorized, but did not mandate, the imposition of surcharges on telecommunications lines to be used for two purposes: 1) ensuring the routing of calls made to crisis centers and, 2) for the “personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 national suicide prevention and mental health crisis hotline.”

The legislation also signaled the potential for a future strategy for implementation and funding of increased services by requiring a report to be submitted within 180 days of signing (October 2020) by the Assistant Secretary for Mental Health and Substance Use. The report is to detail a strategy to offer, support, or provide technical assistance to training programs for NSPL counselors to increase competency in serving high-risk populations; and recommendations regarding: 1) facilitation of access to services that are provided to specially trained staff and partner organizations for LGBTQ youth, minorities, rural individuals, and other high-risk populations; and 2) a strategy for optimally implementing an Integrated Voice Response, or other equally effective mechanism, to allow NSPL callers who are LGBTQ youth, minorities, rural individuals, or members of other high-risk populations to access specialized services.

“911” & Mental Health Crises – Several jurisdictions in the United States are considering, piloting, or implementing changes to “911” response systems to remove law enforcement and instead dispatch mental health crisis teams. It has been reported that the new approach addresses:

...both the lack of community-focused mental health resources and the dangers inherent in police encounters by creating specialized Crisis Intervention Teams (CIT) or similar approaches for dealing with people experiencing mental health or substance abuse crises. These teams are comprised of specially trained police officers and mental health professionals. They collaborate to address and de-escalate high-stress mental health

situations, while having the range of skills required to handle possibly dangerous developments. The teams can also help individuals obtain longer-term care.²

“911” Program – The OES is responsible for the administration and oversight of the State Emergency Telephone Number Account (SETNA) used to fund “911” in California, and for the design development of the statewide network that supports delivery of “911” calls to the state’s 452 Public Safety Answering Points (PSAPs). They also serve as California’s point of contact for the design and development of the National First Responders Network that is being designed and implemented to provide broadband data to the emergency service personnel on a nationwide basis. The Warren-911-Emergency Assistance Act requires every local public agency to establish and operate an emergency telephone system using the digits “911”. The purpose of the Act is to ensure an efficient statewide system for delivery of “911” calls to the appropriate local agency PSAPs that answer and respond to requests for emergency assistance. A call to “911” first goes to the primary PSAP, which is always a law enforcement agency. When the primary PSAP receives a call, the dispatcher determines whether the call is related to law enforcement, fire, or medical needs and calls are routed appropriately to a secondary PSAP: law enforcement personnel, the local government with fire protection responsibility, or the EMS provider.

“211” Program – The FCC designated “211” to be used to access non-emergency community information and referral (I&R) providers. “211” is a free telephone number providing access to local community services and is available in multiple languages, allowing those in need to access information and obtain referrals to physical and mental health resources; housing, utility, food, and employment assistance; and suicide and crisis interventions. “211” also provides disaster preparedness, response, and recovery during declared emergencies.

Upon dialing “211”, a caller is routed to a referral service and then to an agency that can provide information concerning social services such as housing assistance, programs to assist with utility bills, food assistance and other less urgent situations not currently addressed by either “911” or “311” service. In 2003 the CPUC adopted the regulatory policies and procedures needed to implement “211” dialing, whereby Californians can obtain information about, and referral to, community social services via the “211” abbreviated dialing code.³ The “211” is supported by United Way, public and private funders, and city and county agencies. There are no surcharges on telecommunication customers to support “211”.

CPUC Telecommunications Surcharges – There are a number of end-user surcharges collected by the telecommunications carriers to fund universal service public programs.⁴ The carriers, in turn, remit the surcharges as directed by the CPUC. Six programs have been created by the Legislature to address myriad needs of many communities to access telecommunications services. Collectively, the programs result in surcharges of 7.749% of a customer’s telephone bill as of December 1, 2020.

² *Innovative Solutions to Address the Mental Health Crisis: Shifting Away from Police as First Responders*, Brookings Institution, November 23, 2020, available [here](#).

³ D.03-02-029, Order Instituting Rulemaking to Implement 2-1-1 Dialing in California, February 13, 2003, available [here](#).

⁴ California Advanced Services Fund, California Teleconnect Fund, California High Cost Fund B, California High Cost Fund A, Deaf and Disabled Telecommunications Program, and the California Lifeline Program. Details of program funds are [here](#).

COMMENTS:

- 1) Author's Statement. According to the author, AB 988 creates a new three-digit phone line, "988", for suicide prevention and immediate, localized emergency response for individuals in mental health crisis by trained mental health professionals. The current system 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. We must make significant changes in how we respond to those suffering from a mental health crisis.
- 2) Assembly Health Committee. This bill was considered by the Assembly Health Committee on April 20th and passed by a vote of 11 to 2. The analysis which discusses in greater detail the mental health services called for in this bill is available [here](#). This analysis is limited to the bill's impact on telecommunications.
- 3) Funding from Surcharge? The primary question before this committee is whether a surcharge on telecommunication customers should be assessed to fund all or any part of the state's current "988" crisis hotline centers, additional centers or capacity to meet a growth in calls expected as a result of the "988" designation, and the subsequent services needed by those callers. Additionally, this bill would mandate that calls to "911", identified to be a mental health crisis, are switched to "988" which would then dispatch mobile crisis teams to enhance emergency response. This would likely require an increase in the "911" surcharge (currently at \$0.30 but is authorized to go to \$0.80) to fund, at a minimum, additional training for "911" dispatchers, and the switching technologies needed for managing the calls between the two systems.
- 4) Existing Suicide Prevention Network. If California does not act, "988" will still go live no later than July 16, 2022, callers to the existing 800 number or to "988" will be merged, and the suicide prevention hotline and call centers will continue to operate as they currently do. California has 13 centers (see footnote 1) unevenly distributed throughout the state which were reported to be able to answer 85% of the calls received through the 800 number last October to December. The author and sponsor report that calls are likely to increase by 30% as a result of the launch of "988".

Many NSPL call centers are staffed primarily by volunteers. In California each center sets the hours and coverage areas for when they will take NSPL calls based on funding (provided by SAMSHA) and staffing levels. Despite their best efforts, periods of high call volume can affect crisis centers' capacity and longer wait times can occur. When a local call center is unable to answer, the call is routed to one of the NSPL national backup centers. When calls are re-routed to centers out-of-state, California callers in crisis often wait two to three times longer, receive fewer linkages to effective local care, and are more likely to abandon their calls.

- 5) Integration of "988" and "911". This bill goes beyond federal actions and requires the integration of the "988" and "911" systems redefining first response to emergencies. Dispatchers of "911" would be required to transfer "any call pertaining to a mental health crisis" to "988". If it is determined that law enforcement, medical, or fire response is needed, "988" and "911" operators "shall coordinate the simultaneous deployment of those service

with mobile crisis support teams.” However, the “911” operators would be prohibited from contacting or deploying “law enforcement in partnership with a mobile crisis support team unless there is an explicit threat to public safety and the situation cannot be reasonably managed without law enforcement assistance.”

A few jurisdictions, such as San Francisco, are considering removing police from dealing with many situations involving psychiatric conditions or substance abuse, and instead using mental health or emergency medical technicians (EMTs) to respond to those calls. Some also now provide regular police with special training for dealing with encounters involving people experiencing a mental health crisis.

The author points to a system in Oregon – CAHOOTS, Crisis Assistance Helping Out on the Streets – by the White Bird Clinic, a federally qualified health center located in Eugene, Oregon. The program consists of two-person teams: one medic, nurse, paramedic, or EMT; and a crisis worker trained in social and behavioral health services. CAHOOTS calls come in through Eugene’s “911” system through which local police dispatchers are trained to recognize non-violent, behavioral health focused situations and can route calls directly to the CAHOOTS team. The specialized team responds – without police officers – to first assess the situation. If necessary, the team can then call for immediate police backup; otherwise, the team stabilizes the individual within the community. When there is a case of urgent medical need or psychological crisis, the team can undertake an assessment, supply information and referrals, or provide transportation to the next step in treatment. In 2019, of the 24,000 CAHOOTS calls received, police backup was requested only 150 times.⁵

- 6) Funding. The mental health crisis structure established by this bill would be managed by OES. Components include the efficient and effective routing of calls between “911” and “988”, developing mobile crisis teams, and crisis stabilization services for every county. The total cost for the crisis response system created by this measure is unknown. Some program elements included in this framework are currently funded by state and local resources.

It appears that the federal American Rescue Plan Act of 2021, section 1947(c), will provide one-time grants to establish mobile crisis units and a five-year reimbursement structure for 85% of the costs, with a match and county responsibility for 15% of the cost of mobile crisis teams, which the author states can further be offset by billing private insurance.

The OES, which is also responsible for management of “911”, would be responsible for managing the system in coordination with myriad state and local agencies and health systems. It would determine the annual funding needed, assess available sources of funding from local, state, and federal sources, and then establish a “988” surcharge “that it estimates will cover any costs not covered from other sources.

Supporters state that the “988” fee would be only a “small part of the overall funding scheme for California’s “988” system” but the fee as structured would be the safety net and not capped. Any costs not funded by other federal, state, or local sources or health care systems would be funded by the “988” surcharge.

⁵ See CAHOOTS and the Police Departments at <https://whitebirdclinic.org/what-is-cahoots/>

- 7) Other State Actions. A quick review of other state proposals in response to the “988” designations runs the gamut from a resolution acknowledging the “988” (Idaho) to a “988” surcharge (Colorado) to annual general fund appropriations, federal funds, gifts and grants, but no surcharge (Indiana). No other state appears to be addressing comprehensive mental needs or the integration of “911” and “988”.
- 8) CPUC Mandated Telecommunications All-End-User Surcharges – There are a number of end-user surcharges collected by the telecommunications carriers. The carriers, in turn, remit the surcharges as directed by the Commission. The following programs have been created by the State Legislature to address myriad needs of many communities to access telecommunications services. Collectively, the programs result in surcharges of 7.749% as of December 1, 2020.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County District Attorney's Office
 Alameda County Network of Mental Health Clients
 American Foundation for Suicide Prevention
 Association of California Healthcare Districts; the
 Association of Regional Center Agencies
 Black Lives Matter Committee of The African American and Friends of Rossmoor
 California Academy of Child and Adolescent Psychiatry
 California Association of Marriage and Family Therapists
 California Chapter of The American College of Emergency Physicians
 California Commission on The Status of Women and Girls
 California Downtown Association
 California Pan - Ethnic Health Network
 California Psychological Association
 California State Association of Psychiatrists (CSAP)
 City of Concord
 City of Davis
 City of Oakley
 City of Pleasant Hill
 City of San Diego
 Concord; City of
 Congregation B'nai Tikvah
 Contra Costa County
 County of Los Angeles Board of Supervisors
 Danville; Town of
 Dbsa California
 Democratic Party of Contra Costa County
 Didi Hirsch Mental Health Services
 Disability Rights California
 Dublin; City of
 Everytown for Gun Safety Action Fund
 Fountain House
 Genup

Hathaway-sycamores
Indivisible Resisters Walnut Creek
Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma
Counties
Kelechi Ubozoh Consulting
Lafayette; City of
Livermore; City of
Los Angeles County Chief Executive Office
Manzanita Services, INC
Mental Health & Autism Insurance Project
Mental Health America of California
Mental Health Association of San Francisco
Mobilize 4 Mental Health
Moms Demand Action for Gun Sense in America
Mt. Diablo Unitarian Universalist Church Racial Justice Team
National Alliance for Mental Illness San Gabriel Valley
National Alliance on Mental Illness (NAMI-CA)
National Association of Social Workers, California Chapter
National Union of Healthcare Workers (NUHW)
Planned Parenthood Affiliates of California
Pleasanton; City of
Re:store Justice
San Diego County District Attorney's Office
San Ramon; City of
Shatterproof
Showing Up for Racial Justice (SURJ) Sacramento
Steinberg Institute
Students Demand Action for Gun Sense in America
Surj Contra Costa County
Temple Akiba of Culver City
The California Association of Local Behavioral Health Boards and Commissions
The Kennedy Forum
The Mamahood
The Miles Hall Foundation
The Trevor Project
Tides Advocacy
Town of Danville
Truth Love Justice - John C. Carpenter
Walnut Creek; City of
Well Being Trust
Wellspace Health
Women's March Contra Costa
Numerous Individuals

Opposition

California Taxpayers Association

Oppose Unless Amended

California Cable & Telecommunications Association
California State Council of Service Employees International Union (SEIU California)
Consolidated Communications Services Co. Dba Surewest

Analysis Prepared by: Kellie Smith / C. & C. / (916) 319-2637