

Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Corey A. Jackson, Chair

SB 318(Ochoa Bogh) – As Introduced February 6, 2023

SENATE VOTE: 40-0

SUBJECT: “2-1-1” information and referral network

SUMMARY: Requires the California Department of Social Services (CDSS), upon appropriation, to establish, develop, implement, and administer the 2-1-1 Support Services Grant Program; Establishes a Statewide Innovation Program to stabilize, support; and expand 2-1-1 service to all areas in California. Specifically, **this bill:**

- 1) Establishes the “2-1-1 Infrastructure Act”.
- 2) Provides the following definitions for the purpose of the 2-1-1 Infrastructure Act:
 - a) “2-1-1” as the three-digit telephone number designated by the commission for the purpose of connecting individuals to local community resources;
 - b) “2-1-1 network” as the network of local 2-1-1 provider systems across the state;
 - c) “2-1-1 provider” as any entity providing 2-1-1 services on a county or regional basis, pursuant to the authorization from the California Public Utilities Commission (CPUC), and which adheres to the principles of Alliance of Information and Referral Systems (AIRS) standards and guidelines for information and referral services;
 - d) “Commission” as CPUC;
 - e) “Department” as CDSS;
 - f) “Information and referral services (I&R)” as those services or activities designed to provide information about services provided by public and private service providers to facilitate appropriate referral to these community services; and,
 - g) “Participant” as an applicant that has been approved to implement the grant program.
- 3) Requires CDSS, upon appropriation, to establish, develop, implement, and administer the 2-1-1 Support Services Grant Program.
- 4) Requires CDSS to allocate 85% of funds for grants with the purpose of funding the following activities of 2-1-1 providers:
 - a) Contact handling, including increasing staffing for all centers;
 - b) Improving the statewide ability to manage resource and user needs data to support data sharing and delivery to health systems, government agencies, and other key partners, and shared capacity for analytics and systems;

- c) Improvements that allow the network to strengthen key strategic efforts, provide vital data and trend information for community planning, build sustainability, and improve outcomes across California;
 - d) Encouraging the development of aligned systems with 988 to strengthen integration; and,
 - e) Education and outreach.
- 5) Requires CDSS to allocate 15% of funds to create a “Statewide Innovation Program” and requires the goals and priorities for the Statewide Innovation Program to be developed collaboratively by CDSS and 2-1-1 providers, convened by the 2-1-1 California Providers Network and the 2-1-1 Operating Partnership and partners.
- 6) Provides the purpose of the Statewide Innovation Program to be collective 2-1-1 network coordination with a focus on all of the following:
- a) Building shared strategies and project management of state and regional initiatives and related information and services;
 - b) Statewide ability to manage resource and user needs data to support data sharing and delivery to health systems, government agencies, and other key partners, and shared capacity for analytics and systems improvement so that the 2-1-1 network can strengthen key strategic efforts, provide vital data and trend information for community planning, build sustainability, and improve outcomes across California;
 - c) Supporting digital services to manage and triage inquiries, including SMS texting; and,
 - d) Scaling up and assisting with the operations of 2-1-1 services in the rural counties of Alpine, Amador, Calaveras, Colusa, Del Norte, El Dorado, Inyo, Lake, Lassen, Modoc, Mono, Plumas, Sierra, Sutter, Trinity, Tuolumne, and Yuba.
- 7) Requires CDSS to establish an allocation formula for distributing the funds based on regional considerations to ensure equitable funding levels that will account for variations in need and availability of other funding between metropolitan and rural communities.
- 8) Requires an eligible grant participant to satisfy all of the following:
- a) Adhere to the principles of the AIRS standards and guidelines for I&R services and work with 2-1-1 providers across the state to improve service levels and enhance coordination;
 - b) Ensure the funds received will supplement, and will not supplant, any local county or city funding or private philanthropic support, and to leverage those existing funding streams; and,
 - c) Prepare a report evaluating the grant program annually and submit that report to CDSS for review.
- 9) Requires the evaluation report to include, but is not limited to, all of the following:
- a) The activities or services funded by the grant;

- b) The total budget;
 - c) The number of individuals served;
 - d) Measures of system performance, including capacity, wait time, and the ability to meet demand for services; and,
 - e) The effectiveness of 2-1-1 providers in collaborating with human service resources and referral entities and service providers.
- 10) Makes Legislative findings and declarations related to the role of 2-1-1 services for information on health and human services and during emergencies and disasters, such as fires, floods, earthquakes, terrorist attacks, epidemics, and the need for its ongoing and expanded access.

EXISTING LAW:

- 1) Provides that CPUC may supervise and regulate every public utility in the state and may do all things, whether specifically designated in this part or in addition thereto, which are necessary and convenient in the exercise of such power and jurisdiction. (Public Utilities Code Section 701)
- 2) Assigns 2-1-1 as a national abbreviated dialing code to be used for access to community I&R services. Delegates to state commissions, including the CPUC, the authority to certify I&R providers that will enable them to receive calls from those who dial 2-1-1. Requires all local exchange carriers to provide 2-1-1 call origination services at reasonable rates in those territories that will be served by 2-1-1. (Federal Communications Commission N11 Third Report and Order)

FISCAL EFFECT: According to the Senate Appropriations Committee on May 1, 2023:

- Unknown ongoing costs, likely millions in General Fund (GF), to fund the grants.
- CDSS estimates ongoing costs, likely millions in GF, for state staffing and resources to administer the program.

COMMENTS:

Background: 2-1-1 System. On July 31, 2000, the Federal Communications Commission (FCC) established the 2-1-1 code as the national dialing code for I&R services. Unlike 9-1-1 which is used for life-threatening emergencies and 3-1-1 for non-emergency police assistance, 2-1-1 is the telephone number used to ask for help with accessing information on social services, such as food and housing assistance, support with utility bills, and elderly or childcare programs. A 2-1-1 caller in need is routed to a call center, where a referral specialist refers the call to the appropriate health and human service agencies in their community. The FCC encouraged states to implement 2-1-1 programs, which prompted AIRS and the 2-1-1 Statewide Steering Committee (Committee) to petition the CPUC to implement 2-1-1 dialing in California.

California Public Utilities Commission. The CPUC is the agency that regulates privately owned public utilities, including electric power, natural gas, telecommunications, and water companies.

In response to the AIRS' and Committee's petition to implement 2-1-1 as the telephone number for I&Rs to health and human services, the CPUC issued Decision 03-02-029 on January 23, 2002, to implement regulatory policies and procedures for 2-1-1 dialing in California, which was then adopted on February 13, 2003. That same year, Los Angeles became the first county to be granted such authority.

To be authorized as a certified 2-1-1 service provider, organizations must submit a formal application letter to CPUC demonstrating how they meet AIRS standards, which is a professional guide for I&R service delivery and includes five major components:

- 1) Service Delivery – getting information on and assisting access to health and human services to the individual;
- 2) Resource Database – a standardized list of up-to-date referral agencies and programs;
- 3) Disaster Preparedness – existence of a disaster plan and pre-disaster resource database or a plan to create these;
- 4) Reports and Measures – the collection of data relating to community needs and service population that allows an agency to evaluate its service and modify as needed; and,
- 5) Cooperative Relationships – important to the development and/or maintenance of a coordinate system to deliver health and human services.

Each 2-1-1 provider is also responsible for procuring the funding needed to deliver their services, and may serve one or more counties. Typically this funding is secured from multiple sources, including the United Way and other nonprofits, private and community foundations, and local governments. However, this can lead to parity issues, especially when counties and cities with smaller revenue bases are unable to sufficiently fund 2-1-1 services, resulting in coverage gaps in disaster-prone regions of the state. Similar to I&R service providers interested in applying for 2-1-1 designation through CPUC, this bill requires eligible grantees of the 2-1-1 Support Services Grant Program administered by CDSS to adhere to the principles of the AIRS standards and guidelines for I&R services.

2-1-1 services are confidential, free of cost and accessible 24 hours a day, seven days a week through live calls, texts, chats, or the web, regardless of language or disability. In 2021, California referred over 2 million callers looking for help to meet their basic needs, such as stable housing and utilities payment assistance, healthcare and insurance assistance, food, income support, transportation, and employment services. Throughout the COVID-19 pandemic, Governor Newsom encouraged the public to use 2-1-1 services to access information and assistance on emergency rental assistance, vaccine and testing appointments, and home food delivery for seniors.

Disaster 2-1-1 Service. While the original purpose of 2-1-1 service was to provide people with information on community social services through its free phone service and online database, it steadily grew as a critical resource for safety information during emergencies and natural disasters, including information on shelters, evacuations, food distribution, utility outages, and road closures. For example, 2-1-1 received over 130,000 calls in five days during the 2007 Southern California firestorms, which was a 764% increase from the call level the previous week. The CPUC recognized the need to facilitate access to disaster preparedness response, and

recovery information through the 2-1-1 service by issuing Decision 11-09-016 in 2011, which set forth rules for disaster-only 2-1-1 service dialing in unserved counties. At the time of the issuance of the Decision, 30 of California's 58 counties (about 91% of the state's population) had comprehensive 2-1-1 service while the remaining 28 unserved counties were primarily located in rural areas with sparse populations and higher unemployment rates (15%) than the state average (11.7%).

Through the passage of SB 1212 (Hueso), Chapter 841, Statutes of 2016, the Legislature directed CPUC to implement disaster 2-1-1 dialing in unserved counties and authorized the expenditure of \$1.5 million from the California Teleconnect Fund Administrative Committee Fund to pay for implementation costs in support of this effort until January 1, 2023. Upon passage of SB 1212, seven more counties had been approved by the CPUC to provide comprehensive 2-1-1 services, raising the total counties with 2-1-1 service to 37. This meant that 21 counties still lacked the service entirely, and were initially prioritized to implement the disaster 2-1-1 dialing. Since then, 12 counties have implemented their disaster 2-1-1 service, including Alpine, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Madera, Mono, Sutter, and Trinity counties while El Dorado, Placer, and Siskiyou counties have implemented a full 2-1-1 service. Currently, six counties remain without 2-1-1 services entirely (0.5% of California's population), including Amador, Modoc, Plumas, Sierra, Tuolumne, and Yuba counties. The CPUC is currently working with various agencies and nonprofit organizations to extend 2-1-1 services to these remaining unserved areas.

Upon appropriation, this bill aims to scale up and assist with the operations of 2-1-1 services in the counties lacking 2-1-1 services through a grant program and the creation of a Statewide Innovation Program that coordinates a collective 2-1-1 network.

Author's Statement: According to the author, "Since it was established in 2000, the state has not devoted significant funding for the core operations of 2-1-1, yet state and local government officials rely heavily on the services 2-1-1 provides to residents, especially during health emergencies and disasters. Now that the limited emergency funding established under SB 1212 has expired, 2-1-1 access will be even further restricted or eliminated in 17 rural counties. These counties and their 500,000 residents are increasingly vulnerable to natural disasters, such as wildfires, mudslides and floods, creating a greater need for expanded 2-1-1 services."

The author further states that, "Every county in California needs full-time access to 2-1-1 information and referral services. Therefore, state funding is necessary to foster greater coordination and alignment among all 2-1-1 providers, in order to create a statewide health and human services navigation network, disaster preparedness, response, and recovery system, and to facilitate the reach of local services to vulnerable populations. Without state funding, 2-1-1 service providers will be unable to scale up operations."

Need for this bill: This bill, upon appropriation, requires CDSS to establish, develop, implement, and administer the 2-1-1 Support Services Grant Program and create a Statewide Innovation Program to stabilize, support, and expand 2-1-1 service to all areas in California. Increasing access to 2-1-1 support could result in more usage and better connectivity to social services.

Equity Implications: This bill seek to address equity by ensuring the six remaining counties that do not have 2-1-1 service are fully supported through a grant program. While the counties of Amador, Modoc, Plumas, Sierra, Tuolumne, and Yuba represent only 0.5% of California's

population, the service that 2-1-1 provides is equally important for even the smallest of counties. Moreover, the remaining six counties are especially prone to natural disasters, such as wildfires, winter storms, droughts, flooding, and rain storms, and would significantly benefit from comprehensive, full-time 2-1-1 services.

Particularly connecting vulnerable populations within these counties to health and human services and disaster-related assistance would considerably expand access to social safety net programs, which could be the difference between staying housed or being able to put food on the table for hundreds of thousands of people. For example, Yuba County's poverty rate is 15.1% compared to the state average of 12.3%. As such, the 2-1-1 system serves as a critical type of case management, whereby in the case a specialist cannot connect or provide a caller with the desired services, they provide a warm handoff to a partner that can – decreasing any obstacles a person may face due to their income, health status, insurance status, lack of documentation, citizenship status, or age, and increasing the likelihood a person will sign up and utilize the service. This bill aims to bring parity by expanding access to 2-1-1 services to all 58 counties, which is critical in ensuring vulnerable Californians in rural counties are connected to needed social services. This bill also seeks to continue supporting counties with fully operated and disaster 2-1-1 dialing by scaling up their existing operations.

Policy Considerations: CDSS currently does not play a role in the operation of the 2-1-1 systems and it is unclear if they have the expertise to do this. The author may wish to continue conversations with CDSS, CPUC, and other organizations and departments to determine the best place for these grants to be administered.

RELATED AND PRIOR LEGISLATION:

SB 1212 (Hueso), Chapter 841, Statutes of 2016, authorized the CPUC to expend up to \$1.5 million from the California Teleconnect Fund (CTF) Administrative Committee to help close telephone service gaps in counties lacking access to 2-1-1 referral service, including implementation of a coordinated publicly owned database.

AB 323 (Berman), Chapter 68, Statutes of 2017, authorized county human services agencies to refer CalFresh applicants and recipients to the 2-1-1 dial code to access information about emergency food providers and supplemental food assistance providers in lieu of the county providing a similar list, if the county deems the 2-1-1 method to be the most appropriate.

SB 712 (Padilla) of 2009, would have required an information and referral service provider to operate a "211" system in a manner consistent with the orders of the Federal Communications Commission (FCC) and the CPUC. SB 712 would have also designated the California Health and Human Services Agency as the state's lead entity. *SB 712 was held on the Senate Appropriations Committee suspense file.*

AB 2283 (Chu) of 2004, would have provided a process for implementing the nationally designated 2-1-1 system for non-emergency community information and referral services. *AB 2283 was vetoed by Governor Schwarzenegger.*

SB 74 (Mitchell), Chapter 6, Statutes of 2020, & AB 74 (Ting), Chapter 23, Statutes of 2019, appropriated \$1.5 million for encumbrance or expenditure until June 30, 2024, for payment of claims related to expanding 2-1-1 services to unserved and underserved areas, and appropriated

\$1.5 million for liquidation of encumbrances until June 30, 2026, related to expanding 2-1-1 services to unserved and underserved areas.

REGISTERED SUPPORT / OPPOSITION:

Support

211 California (Co-Sponsor)
Inland Southern California United Way (Co-Sponsor)
United Ways of California (Co-Sponsor)
211 LA County
211 San Diego
Association of Regional Center Agencies
California Faculty Association
California State Association of Counties (CSAC)
California Strategies & Advocacy, LLC
City of Hesperia
Community Action Partnership of Kern
Community Care Non-Profit Organization
Community Living Campaign
Contra Costa Crisis Center
County of Riverside
County of Santa Clara
Covenant House California
Eden I&R, INC.
Family Resource & Referral Center
First 5 Mendocino
Growing Outreach Growing Opportunities
Info Line of San Diego County
Interface Children & Family Services
Jewish Family Service of San Diego
Kids in Common
LeadingAge California
Loma Linda University Adventist Health Sciences Center and Its Affiliated Entities
Marin Voad
Oasis Legal Services
Orange County United Way
R. Ruiz, M.D., A Medical Corporation, dba Rialto Clinica Medica Familiar
Ruben Ruiz, M.D., A Medical Corporation, dba Ontario Clinica Medica Familiar
Rural County Representatives of California (RCRC)
San Francisco Voluntary Organizations Active in Disaster
San Joaquin County Board of Supervisors
Second Harvest of Silicon Valley
SparkPoint Contra Costa
Thrive, The Alliance of Nonprofits for San Mateo County
U.S. Vets - Inland Empire
United Way Bay Area
United Way California Capital Region
United Way Fresno Madera Counties, United Way of Stanislaus County

United Way Monterey County
United Way of Merced County
United Way of Santa Cruz
United Way of Stanislaus County
United Way of Tulare County
United Way of Ventura County
United Ways of California (UWCA)
Urban Counties of California (UCC)
YMCA of San Diego County

Opposition

None on file

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