



FACT SHEET

AB 2700 – From Crisis to Care Act

SUMMARY

This bill helps ensure that people experiencing behavioral health crises are connected to the appropriate care facilities such as crisis stabilization units and sobering centers. By ensuring that the state and counties are prepared to implement the best behavioral health care practices, this measure directly address our state’s critical mental health crisis.

BACKGROUND

California is increasingly focusing on delivering compassionate care to individuals in behavioral health crises. In 2022, California passed AB 988 to set up an alternative crisis response system to 911. We have invested billions into behavioral health crisis facilities infrastructure through the Behavioral Health Continuum Infrastructure Program, with billions more potentially on the horizon with [Proposition 1](#). Through CalAIM, we have added sobering centers as an optional new benefit and added Medi-Cal coverage for these vital services.

At the same time, over the last 6 years, California has been piloting programs to transport individuals in behavioral health crises to destinations such as crisis stabilization units and sobering centers as appropriate.

An independent [UCSF evaluation](#) found these pilots to be safe and effective means to improve the health and safety of the public. The evaluation found that 98% of patients transported to a mental health crisis center were effectively treated for their behavioral health needs.

The evaluation also found that ambulance patient offload times were considerably lower for transports to mental health crisis and sobering centers, meaning ambulance crews can respond more quickly to other 911 calls.

In order to maximize California’s substantial investments in addressing the behavioral health crisis care, expanding access to these services is critical. Now is the time to expand access to alternative destinations. A key aspect to the expansion of these services is having an assessment of the available behavioral health facilities, and their needs along with a plan to transport people in need of care to these facilities.

THIS BILL

To expand access to vital behavioral health crisis services while relieving the pressure on our EMS systems and emergency rooms, this bill:

1. Requires a gaps-and-needs analysis of behavioral health crisis facilities in each county, which can serve as an alternative destination to emergency rooms for behavioral health crises. This would allow each local emergency services agency to understand critical information for building out its alternative destination network and infrastructure.
2. Requires local emergency services agencies to develop an alternative destination plan with protocols for taking people to the appropriate places other than the emergency department. These plans must be developed in line with existing state regulations and be approved by the California Emergency Services Agency. This bill will ensure that emergency departments aren’t the sole default while preserving local flexibility to develop a plan that works in their context and with their existing resources as identified in the gaps-and-needs analysis.

SUPPORT

Steinberg Institute (Sponsor)

ADDITIONAL INFORMATION

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