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VIA EMAIL DISTRIBUTION and GC KEY

August 25, 2025

Mr. Marc Morin
Secretary-General
Canadian Radio-telecommunications and Telecommunications Commission (CRTC)
sec-gen@crtc.gc.ca

Reference: Public record: 1011-NOC2025-0020

Telecom Notice of Consultation CRTC 2025-20

Subject: Call for comments - Improving the routing of 9-8-8 calls and texts

Dear Secretary General,

Part 1 - Opening Paragraphs

1. Deaf Wireless Canada Consultative Committee (DWCC) appreciated the opportunity to reply to the Centre for Addiction and Mental Health (CAMH)'s response to the Canadian Radio-television and Telecommunications Commission (CRTC) questions. We recognize CAMH's expertise and commitment to advancing mental health support across Canada, and we share the common goal of ensuring that the 9-8-8 suicide prevention and mental health crisis line is accessible to all Canadians.

2. However, DWCC submits that CAMH's response does not adequately address the accessibility barriers experienced by Deaf, DeafBlind, and Hard of Hearing (DDBHH) communities. The current framework continues to rely primarily on text- and voice-based services, which excludes a significant portion of Canadians who communicate in American Sign Language (ASL) and Langue des signes québécoise (LSQ). Direct ASL and LSQ video support remains essential to meeting the CRTC's statutory obligations under the Accessible Canada Act and the Telecommunications Act, and to achieving true functional equivalence in crisis response.

3. In this reply, DWCC will highlight the gaps in CAMH's response, provide clarification on the accessibility requirements raised by DDBHH communities, and set out concrete recommendations for how the Commission should ensure compliance with its accessibility mandate. Our reply emphasizes that accessibility is not an optional enhancement but a foundational requirement for an equitable 9-8-8 service.

4. Accessibility cannot be an afterthought or a secondary consideration in 9-8-8's development. It must be embedded at the same level of importance as location accuracy, local routing, and network resiliency. Failure to design 9-8-8 with direct ASL and LSQ access from the outset has already delayed equity for Deaf Canadians and created reliance on unsafe, inappropriate workarounds.

DWCC Position on VRS and 9-8-8 Accessibility

5. DWCC supports the availability of Video Relay Service (VRS) as an option for Deaf ASL and LSQ users who prefer to communicate through an interpreter; however, this must remain a matter of individual choice.

6. It must remain clear that when VRS is used to contact 9-8-8, the call is routed to a hearing interpreter and then to a hearing-based crisis counsellor. The current model does not provide direct communication in ASL or LSQ and fails to ensure that counsellors have the necessary cultural and linguistic competence to support Deaf individuals in crisis. **VRS was designed for interactions with hearing people and is not an appropriate substitute for direct Deaf access to crisis services.**

7. For this reason, DWCC maintains that the Canadian Administrator of VRS (CAV) must remain focused solely on its mandate to provide VRS and not assume responsibility for 9-8-8 service delivery. **Responsibility for 9-8-8 accessibility must remain with CAMH, which should establish a separate platform, routing, and direct ASL and LSQ options. Blurring these mandates would risk accountability and public safety.**

DWCC Calls for Transparent, Dedicated Funding to Make 9-8-8 Fully Accessible

8. DWCC is deeply concerned that accessibility for 9-8-8 continues to be treated as an afterthought. While CAMH has acknowledged it lacks the funding to fully implement accessibility improvements, the current funding model risks repeating the same problems seen with 9-1-1. As detailed in paragraphs 22–24 (pp. 8–10) of DWCC's Reply, **the 9-1-1 fee system lacks transparency and accountability**, and this failure must not be repeated with 9-8-8.

9. To prevent this, DWCC emphasizes the urgent need for a **dedicated 9-8-8 service fee**, collected from consumers but directed entirely to **CAMH or an independent administrator**—not telecommunications providers.

10. DWCC acknowledges that an earlier draft of its submission mistakenly referred to CAV as a funding recipient. To clarify: **9-8-8 funding must remain the responsibility of CAMH or an independent administrator.** CAV's mandate must remain limited to VRS. This correction needs to be clear on the record.

11. A dedicated funding model is essential to guarantee sustainable ASL/LSQ accessibility for Deaf, DeafBlind, and Hard of Hearing Canadians. Funds must support fully staffed sign language call centres, platform upgrades, routing improvements, and direct access through ASL and LSQ. From the outset, accessibility must be built in as a core principle of 9-8-8, not left as an afterthought. **Building with accessibility at the foundation ensures inclusion for all, right from the beginning.**

12. Specifically, 9-8-8 fee revenues should be earmarked for:
    a. technical configurations enabling direct ASL and LSQ communications, including WebRTC (web real-time communication) integration for ease of use and seamless transfer capabilities.
    b. specialized training for ASL and LSQ crisis counsellors, as well as call centre management, to ensure service quality and cultural competence.

13. The training of ASL and LSQ crisis counselors and call centre management must be a priority in the early stages of the development of this option.

Acknowledgment : Collaborative Response for Technical Expertise

For this response document, the DWCC engaged the consultation services of 360 Direct Access, with team members experienced in establishing the 9-8-8 service in the United States, to provide technical expertise, comments and recommendations in addressing concerns, suggestions, and feedback related to the 9-8-8 service.

Part 2 - DWCC's Response to CAMH's Reply to CRTC's RFI

14. Now DWCC will set out to respond to each of the paragraphs in CAMH's response to CRTC's RFI:

CAMH Reply SUMMARIZED

CAMH explains that the purpose of its submission is to respond to the Commission's Request for Information, dated June 18, 2025, regarding Telecom Notice of Consultation CRTC 2025-20 (reference: 1011-NOC2025-0020).

CAMH presents their 9-8-8 Problem Statement

CAMH notes that while the 9-8-8 Suicide Crisis Helpline has achieved significant progress in its first 1.5 years, major technical challenges remain. The current area code–based call routing prevents 9-8-8 from accurately determining a caller's location. This creates delays—sometimes up to two hours—when transferring to 9-1-1 Public Safety Answering Points (PSAPs) during imminent-risk situations. The lack of location data also limits the ability to connect callers with local responders who best understand community services and resources.

In addition, the 9-8-8 toll-free system poses resilience risks: a single telecommunications outage (such as the Rogers network failure) could disrupt the entire service nationwide.

To address these gaps, CAMH seeks CRTC guidance and collaboration with industry to develop a solution that ensures:

- *Reliable call routing based on actual caller location.*
- *Secure sharing of caller location with 9-1-1 PSAPs during emergencies.*
- *A resilient infrastructure that avoids nationwide outages and ensures continuous access.*

DWCC's Response to CAMH's Answer to *9-8-8 Problem Statement*

Accessibility as an Afterthought

15. DWCC is deeply disappointed that Deaf people were treated as an afterthought in the design and implementation of the 9-8-8: Suicide Crisis Helpline in its first 1.5 years of implementation. The assumption that Video Relay Service (VRS) would be a "good enough" solution is fundamentally flawed and reflects systemic barriers that continue to marginalize Deaf communities by those with hearing-speaking privileges.

16. VRS was never designed to replace direct access in ASL and LSQ; it was designed for interactions with hearing people through an interpreter. To position VRS as the default access point for Deaf individuals in crisis demonstrates a lack of understanding of cultural and linguistic realities and perpetuates unsafe practices. The **Canadian Radio-television and Telecommunications Commission (CRTC)** must make clear that this kind of afterthought approach is unacceptable and must never happen again.

17. Every organization within the 9-8-8 system, from CAMH to telecommunications providers, must stop treating accessibility as an add-on and instead ensure that Deaf, Deaf-Blind, and Hard of Hearing communities are integrated at the outset of all planning, technical design, and service delivery.

Broader Systemic Concerns

18. While 9-8-8 has achieved important milestones in its first 18 months, the system is facing critical challenges that highlight the risks of exclusionary or incomplete design. Calls are currently routed based on area code, which prevents 9-8-8 from determining a caller's actual location in real time. In an imminent-risk situation, this limitation hinders dispatch to the appropriate 9-1-1 Public Safety Answering Point (PSAP), causing delays of up to two hours in connecting with emergency services. These delays put lives at risk and create additional burdens on both PSAPs and 9-8-8 responders.

19. **The absence of caller location data also undermines one of 9-8-8's core principles: connecting people in crisis to responders in their local communities.** Local responders possess the contextual knowledge of services and

resources necessary to provide tailored recommendations and effective follow-ups. Without this connection, the service fails to meet its stated objectives of timely, localized support.

20. Additionally, the resilience of the 9-8-8 infrastructure must be addressed. Reliance on a toll-free architecture creates a single point of failure that can collapse the entire 9-8-8 system during a telecommunications outage. This was demonstrated by national outages such as the Rogers incident, where millions of Canadians lost access to critical services. A nationwide helpline such as 9-8-8 cannot be allowed to go down in the same way; redundancy and resiliency must be core to its design.

Clear time-bound Implementation Plan

21. DWCC therefore urges the Commission to **direct CAMH to immediately establish a clear, time-bound plan for implementing direct ASL and LSQ access to 9-8-8**, developed in consultation with Deaf-led organizations and subject matter experts. The Commission must also make it explicit that reliance on VRS is not an acceptable substitute for direct access. This regulatory directive is necessary to prevent further systemic exclusion and to ensure that 9-8-8 fulfills its mandate as an equitable, safe, and culturally appropriate national mental health crisis service.

Facilitating Choice and Accessibility for DDBHH Callers

22. Deaf callers accessing 9-8-8 are likely to use VRS, IP relay/TTY relay, or text-based services, as direct voice calls are largely inaccessible without intermediary support.

23. One feasible technical option could allow a DDBHH individual, or someone with limited English literacy, who contacts 9-8-8 via a VRS interpreter, to be transferred to a direct ASL or LSQ access point if they continue to struggle with the interpreter or require more culturally appropriate services. Ethically and culturally sensitive interpreters could use their judgment to offer this alternative, ensuring the caller receives support in the most accessible and culturally affirming way.

24. To make this possible, technical configurations must be implemented to enable seamless transfer between the VRS platform and the direct ASL/LSQ platform. This approach would provide choice, accessibility, and culturally appropriate services to the DDBHH community.

25. Additionally, direct website access is currently unavailable, which limits options for Deaf users; providing a web-based chat function, similar to suicide.ca, could benefit users, particularly younger individuals who prefer online communication. In the United States, 988 Lifeline offers direct ASL access through videophone or an “ASL Now” button on its website, providing a potential model for implementation in Canada. Canada has its own equivalent service provider that stands ready to provide this model of service.

Accessibility and Routing Considerations for DDBHH Callers

26. DWCC notes that technical details regarding the choice of location-based routing methods are primarily within the purview of WSPs and CAMH. However, it is important to highlight that some Deaf individuals move or travel between provinces and may continue to use a telephone number originally assigned in their province of origin, which reflects their preferred language. While location-based routing may function effectively in most cases, there are instances where Deaf callers may not be served in their preferred language if the routing system relies solely on current geographic location rather than the linguistic preference associated with their original number.

27. Regarding caller geographic information, the service receiving Deaf callers should have access to relevant location data—without compromising confidentiality in small communities—at least to the city level, as well as a comprehensive list of resources to support the caller. Specific location information should be relayed to PSAPs only in instances where emergency services need to be contacted due to imminent risk.

28. DWCC recommends that VRS and relay platforms be configured to allow Deaf callers to access direct video calls (DVC) with ASL/LSQ responders. Interpreters should be empowered to use professional judgment to offer this option if a caller continues to struggle or requires more culturally appropriate services. Technical configurations must enable seamless transfer between VRS/IP relay platforms and direct ASL/LSQ platforms.

29. Protocols must also be established to support DDBHH immigrants and refugees with limited English or French proficiency, as well as individuals with low literacy. Use of culturally appropriate pictograms, as demonstrated in Glickman’s *Cognitive*

Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges[1], is recommended. The 9-8-8 website should include ASL/LSQ translations, accessibility features (adjustable font/size/colour, high contrast, simplified text), and a chat platform with a direct video call button for Deaf callers.

Technical Considerations for Rapid and Accurate Response

30. 360 Direct Access recognizes the critical importance of accurate location determination in imminent-risk situations and the need for a resilient 9-8-8 infrastructure that safeguards caller safety and service continuity. While current area code–based routing can delay connections and misalign callers with local responders, our WebRTC-based platform leverages standards-based location services through browser and device integrations.

31. With user consent and device/browser capability, scripted workflows can request real-time location sharing via the browser's Geolocation API, which draws on GPS, Wi-Fi, or mobile network data. This enables precise, real-time location capture that can be securely transmitted to authorized responders. In mobile applications or integrated devices, GPS-based location sharing can be embedded directly, further enhancing accuracy.

CAMH's Answer to CRTC RFI Question 1 SUMMARIZED

CAMH clarifies that the routing deficiencies they have identified apply specifically to voice calls, not SMS texts. Texts are not subject to the same geographical routing problems, so this proposal does not address text routing.

For voice calls, the current toll-free system cannot route calls from blocked numbers to the nearest response centre. Instead, these calls are directed to national responders, which prevents access to local responders. This is particularly problematic in imminent-risk situations, as delays in determining location can slow down emergency dispatch.

The existing reliance on a caller's area code is unreliable, especially when a phone number originates from a different region than the caller's actual location. This results in frequent misrouted calls, undermining the 9-8-8 service principle of connecting callers to local responders who best understand community resources.

[1] Glickman, Neil S. *Cognitive-Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges*. Routledge, 2008.

Although full statistics on call routing since the November 30, 2023 launch are unavailable due to system limitations, CAMH provided a 30-day sample of data (Appendix A) that includes information about blocked-number routing and highlights current gaps in location accuracy.

2. DWCC's Response to CAMH Answer to Question 1: Routing Issues and Outages:

32. DWCC acknowledges CAMH's clarification that the routing deficiencies under discussion primarily affect voice calls, and that SMS text messages do not present the same geographical challenges. We also recognize that blocked numbers currently cannot be routed to the nearest response centre and are instead directed to national responders.

33. While we appreciate these clarifications, DWCC emphasizes that **any delays in accurately identifying a caller's location—particularly in situations of imminent risk—pose a serious threat to life**. Reliance on area codes or national routing is insufficient for ensuring timely intervention. We strongly support efforts to provide access to local responders whenever possible and urge that robust technical solutions and protocols be implemented to reduce misrouting, enable real-time location verification, and minimize delays in emergency response. The safety and rapid support of callers in crisis must remain the highest priority, and routing mechanisms must be designed to balance operational feasibility with life-saving effectiveness.

34. DWCC fully supports the protection of caller privacy and confidentiality, which is a core principle of 9-8-8 services. However, when an individual is at imminent risk, the immediate safety of the caller must take precedence. In such circumstances, DWCC agrees that 9-8-8 responders should follow established guidance to enable emergency services to act quickly, even if this requires accessing limited location or identifying information. Systems and protocols must be designed to maximize confidentiality whenever possible, while ensuring that critical interventions are not delayed and lives are safeguarded.

Case Study 1: Critical Delay in Imminent Risk Response

35. DWCC observes Case Study 1 and finds this scenario deeply concerning and unacceptable. Reliance on area code-based routing or outdated billing information for locating callers in crisis creates dangerous delays and puts lives at risk. Robust technical solutions and protocols must be in place to ensure that 9-8-8 responders

can accurately and rapidly determine a caller's current location, even when traditional phone-based identifiers are unreliable.

36. Furthermore, ongoing due diligence, system-wide verification, and accountability measures are essential to prevent such critical delays, minimize wasted resources, and ensure that emergency services can respond effectively across jurisdictions. **The safety and timely support of callers in crisis must remain the highest priority.**

Case Study 2: Inter-Jurisdictional Misrouting and PSAP Frustration

37. DWCC observes Case Study 2 and finds this scenario equally unacceptable and deeply concerning. Systemic misrouting of 9-8-8 calls across jurisdictions creates unnecessary frustration, wastes critical resources, and introduces dangerous delays in responding to individuals at imminent risk. Reliance on area codes or other imprecise location data is insufficient for life-saving interventions.

38. To address this, the system must incorporate advanced technical safeguards, accurate real-time location identification, and standardized procedures for cross-jurisdictional coordination. **Just as importantly, PSAPs need clear protocols for rapid handoff and mutual support so that no single centre is overwhelmed by misdirected calls.** Strengthening these cooperative mechanisms will reduce unnecessary burdens, streamline response times, and ensure individuals in crisis receive help from the correct jurisdiction without delay.

Case Study 3: Cross-Provincial Confusion and Critical Delays

39. DWCC observes Case Study 3 and finds this scenario wholly unacceptable. Reliance solely on phone numbers for location identification creates dangerous delays, wastes critical resources, and places individuals in life-threatening situations. **Rigorous due diligence and appropriate technical configurations must be implemented to ensure that such situations never occur again.** 9-8-8 systems must incorporate robust, real-time mechanisms to accurately determine a caller's location, particularly when a caller is in immediate danger, to prevent confusion across jurisdictions and ensure timely intervention.

40. Furthermore, ongoing monitoring, accountability measures, and system-wide checks must be established to prevent recurrence, safeguard lives, and ensure that emergency responses are reliable and timely across all jurisdictions.

DWCC's Response to CAMH Answer:

41. Even though the CAMH examples focus on voice callers, it is easy to see how similar situations apply to DDBHH individuals. In times of crisis, not feeling seen or heard—combined with communication barriers—can intensify a person's distress. DWCC agrees with Rogers that "we should always ensure that the caller's preferred language is used."

42. Moreover, a network outage can also have that effect on the individual (adding to the initial distress, even more so when the outage lasts several hours) - which is why resiliency/redundancy is so important. So, a quick and timely access to the right resources is paramount and can save lives.

DWCC's Response from Research Perspectives:

43. The National Association of State Mental Health Program Directors (NASMHPD) is a professional organization representing state mental health authorities in the United States. NASMHPD research notes: *"The societal bias toward hearing both increases the stress a deaf person in crisis experiences and makes it more difficult to find ways to communicate the distress they feel. The literature suggests that the effect of poor communication and cultural insensitivity will continue to increase emotional vulnerability, thus leading to feelings of hopelessness, which in turn are associated with suicidal ideation. Research and experience suggest that direct services in ASL are most effective for people who are deaf and primary users of ASL to ensure trust and clear communication, particularly when an individual who is deaf is in crisis.*[2]

44. DWCC notes that research by Embree (2012) found that "*Deaf consumers were 42.1% more likely to report suicide attempts compared to hearing control groups.*"[3]

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[2] NASMHPD: *NASMHPD Recommendations for Effective Communication Planning and Response with Deaf Communities for 988* - 2022 - link

[3] Embree, J. A. *(2012). Prevalence of Suicide Attempts in a Deaf Population with Co-Occurring Substance Use Disorder* (2019) - *Journal of the American Deafness & Rehabilitation Association (JADARA), 45(2), 258-272* - link

This highlights **the heightened vulnerability of the Deaf community to mental health crises and underscores the critical importance of ensuring accessible, effective, and timely crisis intervention services such as 9-8-8.** Failure to provide fully accessible options, including text and Direct Video Sign Language, may disproportionately endanger Deaf individuals, emphasizing the need for tailored supports that address both communication and cultural needs.

45. DWCC notes that in the NASMHPD article, Embree's research demonstrates a substantial difference in reported suicide attempts among Deaf individuals depending on whether the survey was conducted in ASL or in English. When the health survey was conducted in ASL, ***14.6% of the Deaf sample reported suicide attempts, compared to only 2.2% in a survey not conducted in ASL***[4] **This stark contrast underscores the critical importance of providing accessible, culturally and linguistically appropriate assessment tools and crisis interventions.** It also highlights that failure to accommodate communication needs can lead to underreporting of mental health risks, potentially leaving vulnerable Deaf individuals without the timely support and interventions they require.

46. Additionally, it is interesting to note that the literature review by Landsberger et al. (2013) found widely varying rates of suicidal ideation among Deaf individuals, ranging from 6.2% to 30% depending on the study.[5] This variation underscores both the heightened vulnerability of the Deaf community to mental health crises and the challenges in accurately assessing risk when communication and accessibility needs are not fully met. **These findings reinforce the importance of ensuring that crisis intervention services, such as 9-8-8, are fully accessible in formats that meet the linguistic and cultural needs of Deaf individuals, so that their risk can be properly identified and addressed.**

47. In summary, the research literature consistently shows that this population faces higher rates of suicidal ideation and attempts, and that communication barriers significantly worsen these risks.

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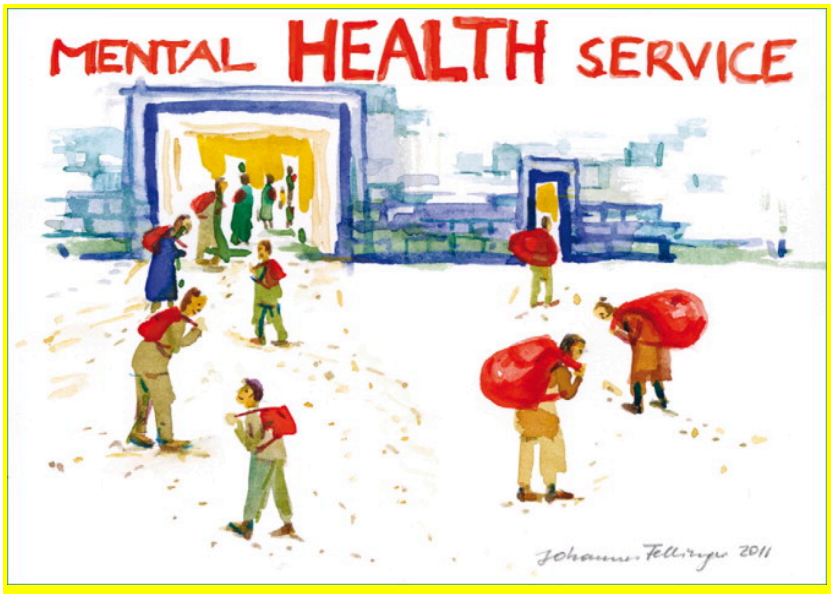
[4] Embree, J. A. *(2012). Prevalence of Suicide Attempts in a Deaf Population with Co-Occurring Substance Use Disorder* (2019) - *Journal of the American Deafness & Rehabilitation Association (JADARA), 45(2), 258-272* - link

[5] Landsberger, S. A., Sajid, A., Schmelkin, L., Diaz, D. R., & Weiler, C. (2013). *Assessment and treatment of deaf adults with psychiatric disorders: A review of the literature for practitioners*. Journal of Psychiatric Practice, 19(2), 87-97 - link

48. DWCC wants to emphasize that 9-8-8 be designed to provide Deaf, DeafBlind, and Hard of Hearing (DDBHH) individuals with **full freedom of choice in how they access the 9-8-8 service** rather than being impeded by systemic barriers or technical limitations. Accessible choices are not optional conveniences, they are life-saving necessities. Without them, 9-8-8 risks failing the very community most vulnerable to crisis.

49. To ensure equitable access, 9-8-8 must include multiple, fully supported pathways—text, Video Relay Service (VRS), and Direct Video Sign Language (use of ASL or LSQ) —delivered in a culturally and linguistically appropriate manner. DWCC emphasizes that 9-8-8 services must be designed with these needs in mind. Establishing these options as core features is essential to safeguarding lives, preventing underreporting of crises, and guaranteeing that DDBHH Canadians receive the same level of life-saving support available to all.

50. The research found is summarized in this image entitled "Burden of mental health problems on deaf people" created by Dr. Johannes Fellinger in 2011[6], here which vividly represents our challenges as DDBHH communities with their mental health struggles.



[6] J. Fellinger *Mental health of Deaf People.* The Lancet (2012) - Mental health of deaf people - The Lancet

CAMH's Answer to CRTC RFI Question 2 SUMMARIZED

CAMH states that the primary limitation in the current 9-8-8 system is the inability to determine a caller's real-time physical location. Calls are routed based on area code, which is unreliable, especially for mobile users or people who keep numbers from other regions.

This limitation has two major impacts:

1. *Emergency response delays – In imminent-risk cases, responders cannot quickly connect with the appropriate local 9-1-1 Public Safety Answering Point (PSAP), sometimes resulting in delays of up to two hours.*

2. *Loss of local connection – Callers are often connected to responders outside their community, undermining 9-8-8's principle of providing localized support with knowledge of nearby resources and culturally relevant services.*

CAMH emphasizes that while privacy protections are essential, in life-threatening cases, caller safety must take priority. They recommend the development of a system that allows caller location to be securely shared with PSAPs only when necessary for emergency intervention.

3. DWCC's Response to CAMH Answer to Question 2: Collaborative Routing Solutions and Scope

Technical Considerations and Committee Oversight

56. Turning now to Question 2, DWCC acknowledges that technical specifications for 9-8-8 are best developed through an interconnection committee of telecommunications service providers and technical experts. However, **the committee must explicitly incorporate accessibility and Deaf cultural and linguistic expertise** to ensure that all solutions meet the needs of Deaf, Deaf-Blind, and Hard-of-Hearing callers. CAMH's documented concerns regarding misrouted calls, delays in emergency response, and system resiliency are real and must not be dismissed.

Technical Solution Requirements

57. Technical solutions must guarantee interoperability between VRS and direct ASL/LSQ access, provide seamless pathways for ASL/LSQ responders, and ensure resilient infrastructure that serves all users equitably. DWCC emphasizes that failure to embed accessibility at the technical design level risks perpetuating systemic inequities and endangering the lives of vulnerable callers.

User Choice and Direct Video Access

58. DWCC emphasizes the importance of allowing VRS users to select at the outset whether to communicate with a 9-8-8 hearing counselor via VRS or with a 9-8-8 Deaf counselor through a direct video call. While the technical feasibility of this option requires assessment by experts, providing this choice is critical for accessibility and culturally appropriate service.

Website Accessibility Enhancements

59. Additionally, incorporating a chat platform and an ASL/LSQ “Direct Video Call” button on the 9-8-8 website would help ensure that all non-voice callers have equitable access to support and are not left behind.

Bottom Line / Overarching Principle

60. The bottom line is this essential service must be accessible with maximum ease of use, without any technical barriers for DDBHH users, particularly during actual emergencies when they may be experiencing serious suicidal ideation or total confusion. Lives are at stake.

CAMH's Answer to CRTC RFI Question 3 SUMMARIZED

CAMH clarifies that the intention is not to dictate specific technical solutions or mapping methods to telecommunications service providers (TSPs). The goal is to determine the most effective way to process 9-8-8 calls and to make caller location available to the appropriate PSAP once a call is transferred. Routing calls to response centres remains CAMH’s responsibility under the current system.

CAMH manages the assignment of calls to response centres and will continue to do so under any proposed approach. The frequency of adding or removing response centres, and updating their geographic coverage, depends on which organizations are available to provide required services. CAMH maintains processes to continuously manage and update the list of response centres. Any call routing solution must be flexible enough to accommodate these changes seamlessly.

4. DWCC’s Response to CAMH Answer to **Question 3: CAMH's Proposed Routing and Response Centres**

61. In response to Question 3, DWCC emphasizes that a sustainable and inclusive routing solution must go beyond technical feasibility and ensure equitable access for Deaf, DeafBlind, and Hard of Hearing Canadians.

Problem Identification

62. While Rogers has provided valuable details about the existing TF-based routing architecture, the system as designed remains fundamentally inaccessible to Deaf, DeafBlind, and Hard of Hearing Canadians. Routing via NPA or through VRS hides the Deaf caller's true identity and location, creating dangerous delays in imminent-risk scenarios. Further, reliance on geography without recognition of language preference risks routing LSQ users to ASL centres or vice versa, undermining cultural and linguistic safety.

DWCC Technical Analysis

63. DWCC finds it problematic wherein the Rogers Communications Canada Inc. (2025, February 26). *Intervention* (Abridged, p. 10). CRTC File No. 1011-NOC2025-0020, where they outline their response to Question 3, the following text in the section about the topic of VRS:

64. *Rogers states that "The Calling Party TN that the 9-8-8 system receives is the TN of the VRS operator, not the TN of the end-user. Furthermore, location information is not available for this call. Rogers therefore submits that these calls should continue to be routed to the national TF TN."*

65. This raises a significant concern: if a Deaf, Deaf-Blind, or Hard-of-Hearing (DDBHH) caller is losing consciousness or becoming incoherent—such as during a suicide attempt involving drugs—they may be unable to provide their location to VRS or 9-8-8. Escalation to 9-1-1 in these circumstances requires back-and-forth communication, which can create dangerous delays. What technical solutions could address this risk? Furthermore, what is the rationale for routing VRS callers to the national toll-free number if precise location information is unavailable when it must be shared with PSAPs?

66. During a real-time mental health emergency, a DDBHH individual may also face additional barriers, including difficulty communicating in sign language or technical issues with the service. Any such barrier could result in a loss of life or lead the caller to abandon the call. In these situations, privacy concerns regarding the caller's location must be secondary to ensuring immediate safety, and can be addressed once the emergency has passed. Typically, the individual will be grateful—rather than upset—when their life is saved or when they finally receive urgent support from responders in their local area.

DWCC Recommendation

67. For these reasons, DWCC strongly recommends implementing the direct video calling platform. More specifically, **CAMH should be directed to implement a dedicated ASL/LSQ video access hub operating in parallel to the TF number system** as a fully accessible alternative to VRS**.** This ensures that Deaf callers are routed directly to trained sign language responders, with language choice prioritized over geography while preventing unnecessary barriers or delays. Transparency and public reporting are required so that all response centres demonstrate accessibility readiness. Accessibility cannot be left as a by-product of technical routing debates; it must be embedded as a foundational requirement of 9-8-8.

CAMH's Answer to CRTC RFI Question 4 SUMMARIZED

CAMH describes the current 9-8-8 Interactive Voice Response (IVR) experience:

- *All callers first hear a message confirming they have reached 9-8-8 and are asked to select their preferred language (English or French).*
- *Once a language is selected, the remainder of the IVR continues in that language.*
- *Callers then hear two additional questions: whether they are under 18, and whether they would like to speak to a responder with experience supporting First Nations, Inuit, or Métis callers.*
  The IVR also provides information on confidentiality and terms of service.

Exceptions:

- *Callers in PEI (unblocked numbers, English selection) and in New Brunswick or Quebec (unblocked numbers, English or French selection) are connected directly to their provincial services, with a message indicating the transfer.*

CAMH confirms that all callers can access the service in English or French regardless of location or number type, and this will remain unchanged even if call routing is modified. Graphical IVR call flow representations are provided in Appendices C and D.

DWCC's Response to CAMH answer to Question 4

68. According to CAMH, *"all callers hear this message in both English and French. Once the caller has selected English or French, they will hear the remainder of the IVR in their chosen language only. The majority of callers will then continue with the 9-8-8 IVR. They will hear two additional questions, asking them if they are under 18, and if they would like to speak to a responder that has experience supporting First Nations, Inuit, and Métis callers."*

69. This indicates that the current IVR experience includes language selection (English/French) and an option for First Nations, Inuit, and Métis support. **DWCC recommends that an additional prompt be incorporated specifically for Deaf, Deaf-Blind, or Hard-of-Hearing callers whose preferred language is ASL or LSQ.** The system should also clearly inform callers that a DVC call with an ASL/LSQ responder is available and provide explicit instructions for accessing this service, while also offering the option to connect with a hearing responder if preferred.

70. DWCC suggests that the IVR add a question immediately following the First Nations prompt, such as:

    "If you're Deaf, Deaf-Blind, or Hard-of-Hearing, and your preferred language is LSQ or ASL, please select this option."

    Once this option is chosen, the system could then state:

    > "Please be informed that you have the ability to request a DVC call with an ASL/LSQ responder. Here is how to access it…. (both ASL/LSQ options need to be offered here). If you prefer to interact with a hearing responder, please select option 2."

71. As an additional pathway, DWCC also recommends that **VRS platforms be technically configured to offer this option to all Deaf callers dialing 9-8-8 and assist them in connecting to DVC services**.

DWCC's Response from Research perspectives:

72. Research conducted collaboratively by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Evaluation Sciences (OES), and the national administrator of the 988 system, presented in the paper *"Decreasing Abandonment of Calls to the 988 Suicide & Crisis Lifeline,"* examined improvements to the U.S. 988 IVR system.

73. The study found that **short, simple, transparent, and calming** automated phone messages substantially reduced call abandonment. In the four months before the study, roughly 44% of calls to 988 were abandoned before reaching a local call center, and an additional 11% of remaining calls were abandoned while waiting to connect with a counselor.[7]

[7] *Decreasing abandonment of calls to the 988 Suicide & Crisis Lifeline,* OES, SAMSHA (2024) - link

74. The research paper stated that “during the four-week study period the updated IVR resulted in approximately 1,400 additional calls answered by a counselor.” Although this research is based on voice calls, the results can be applied to Deaf callers. We learned that the caller’s experience is paramount in how long he/she will stay on the call. Therefore, it is important that simple and accessible language and culturally appropriate interactions take place in every call.

75. Lastly, it must be emphasized that as of 2021, according to aggregated numbers collated by the CRTC for the proceeding CRTC 2020-178, there were 14,463 DDBHH Canadians with an accessibility plan, yet there were only about 10,000 Video Relay Service (VRS) customers as of September 2024. This clearly shows that **not all DDBHH Canadians are VRS users**, which is why it is critical to ensure that multiple accessible options remain available.

Web-Based Direct Video Call Functionality in ASL/LSQ - Direct ASL and LSQ available on website

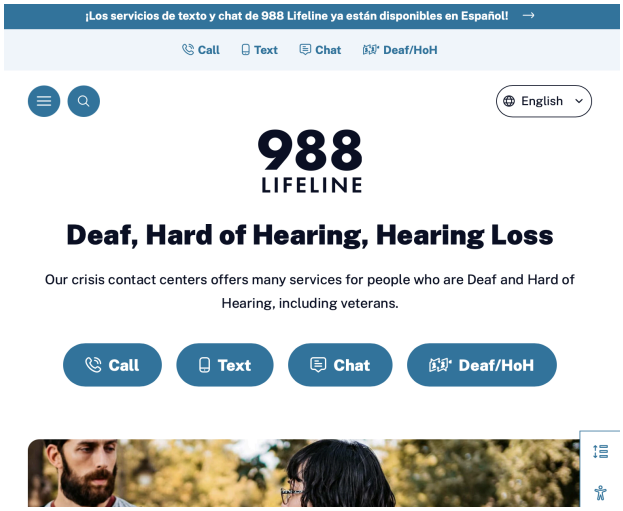
76. Allow DDBHH callers to request a direct video call through the 9-8-8 website. 360 Direct Access has a direct video calling widget that can be displayed in the user’s language (e.g., LSQ or ASL) based on the webpage it is placed on. For example, if the webpage is in French, the widget will display a pre-recorded video greeting in LSQ; if the webpage is in English, the greeting will appear in ASL.

77. To enable this, the web administrator simply inserts the appropriate widget JavaScript code on each webpage according to its language. When the user clicks on the widget to expand it, they will still see the pre-recorded video in their native language and see the option to place a call directly through their web browser. When they proceed to call, they will be routed to the trained representative who signs their native language, without the need for an interpreter in between.

78. In conclusion, DWCC notes that the CAMH 9-8-8 website is currently only available in English and French. As a result, information directed to DDBHH users—such as in the Q&A section—is not accessible in ASL or LSQ, limiting its effectiveness and accessibility for Deaf callers. In the United States, they have a 9-8-8 home page for Deaf and Hard of hearing, and it directs all Deaf, Deaf-Blind and hard of hearing to all the options available for them, seen here: https://988lifeline.org/deaf-hard-of-hearing-hearing-loss/ ,

DWCC highly recommends such a landing page and website be made available to DDBHH Canadians hosted by the CAMH and CRTC funded by the specialized 9-8-8 fees.

Here is a screenshot of the webpage:



79. When referencing the website above, **DWCC wishes to emphasize that education and public awareness are critical to ensuring that Deaf, DeafBlind, and Hard-of-Hearing (DDBHH) Canadians know how to access 9-8-8 services effectively**.

80. Indeed, without targeted outreach, many potential users may not know that direct video calling, text, or ASL/LSQ options exist, limiting their access to timely crisis support. **When communities are unaware of available services, usage rates stay low—not because the need isn't there, but because people don't know they can access support**. This lack of awareness can skew the data, creating the misleading impression that demand is low, when in fact many DDBHH individuals are simply unable to connect with the help they need. **Public education campaigns should include clear, culturally and linguistically appropriate messaging**, delivered through accessible media such as video content in ASL/LSQ, captioned materials, social media tailored to DDBHH communities, and especially in-person community outreach workshops in most local DDBHH communities across Canada.

81. The ease of access to 9-8-8 is even more important for DDBHH communities because the access to mental health services is sorely limited, as evidenced by the presence of two non-profit organizations directly providing mental health services in Canada, specifically, the VCH Deaf Well Being Program which serves Deaf, Deaf-Blind and hard of hearing who reside in British Columbia and Canadian Hearing Services in Ontario.

82. By increasing awareness of 9-8-8 services and demonstrating how to access them safely and efficiently, these campaigns can empower individuals to use the service confidently, reduce barriers to mental health support, and ultimately save lives.

CAMH's Answer to CRTC RFI Question 5 SUMMARIZED

CAMH acknowledges and appreciates the concerns raised by the Canada Deaf Grassroots Movement and the Deaf Wireless Canada Committee (DWCC), as well as other Deaf-led advocacy organizations. They emphasize that these concerns are being taken seriously and recognize the ongoing efforts of these groups to improve access to 9-8-8.

CAMH commits to exploring what would be required for 9-8-8 responders to provide support directly in ASL and LSQ without involving a third-party interpreter. While the implementation details are still under consideration, CAMH expresses a desire to continue collaborating with these organizations and encourages ongoing engagement throughout this process.

6. DWCC's Response to CAMH's Answer to Question 5:

Acknowledgment

83. DWCC appreciates CAMH's recognition of the accessibility concerns raised by the **Deaf Wireless Canada Committee (DWCC)**, and the **Canada Deaf Grassroots Movement (CDGM)**, as well as CAMH's stated commitment to work toward solutions.

Recognition of Progress

84. The DWCC welcomes CAMH's acknowledgment that ASL and LSQ direct support—without the reliance on third-party interpreters—is both necessary and under consideration. This aligns with long-standing community advocacy that direct communication access in sign languages is essential for equitable crisis response.

Emphasis on Action, Not Words

85. The DWCC wants to emphasize that this is not the time for further discussion without concrete steps. The community does not need lip service or words of appreciation—we need action. CAMH must demonstrate good faith by immediately convening a formal meeting with DWCC and other Deaf-led organizations, with technical experts present to answer prepared questions. Our consultants and subject matter experts are ready and willing to provide input, including technical responses, to ensure solutions are both practical and effective.

Action-Oriented Engagement for Accessible 9-8-8 Services

86. Ongoing collaboration between CAMH and Deaf, Deaf-Blind, and Hard-of-Hearing (DDBHH) leaders and organizations is essential. Negative experiences with 9-8-8 can quickly spread within the DDBHH community, making it critical that as many DDBHH callers as possible have positive and accessible interactions with the service. Ensuring a satisfactory caller experience will reinforce the perception of 9-8-8 as a reliable and valuable resource for the community. DWCC is fully committed to supporting CAMH in improving 9-8-8 accessibility and the overall experience for DDBHH callers. However, this collaboration must include tangible action, including clearly defined meeting schedules, timelines, and measurable steps toward implementation, rather than solely verbal commitments.

Areas Requiring Clarity and Next Steps

87. While DWCC recognizes CAMH's openness, we respectfully request additional clarity and concrete commitments:

    1. **Engagement Plan** – CAMH indicates a willingness to work with our organization, but has not confirmed whether outreach has occurred or is scheduled. We request a clear timeline and process for structured engagement with Deaf-led organizations, including DWCC.

    2. **Technical and Operational Feasibility** – We urge CAMH to share its preliminary assessment of what is "needed" for ASL/LSQ direct support, including whether this involves staffing, platform adjustments, or partnerships with Deaf professionals.

a. DWCC also has ideas and information from our technical and subject matter experts that can answer some of these concerns and questions regarding staffing, recruitment, qualifications, partnerships with Deaf professionals and sourcing mental health programs and services, platform adjustments, and members of our Working Group have years of 9-8-8 call centre experience from the United States.

b. Members of our *North American 988 Direct Access Working Group* (988DAWG) has the professional network and resources to assist its Canadian counterparts. For the sake of Deaf mental health, we will not have an *Elbows Up* approach to our experts in the United States and will work ***in collaboration***.

3. **Interim Accessibility Measures** – While long-term solutions are being explored, interim measures must be identified to prevent the exclusion of Deaf, Deaf-Blind, and Hard of Hearing individuals during crisis calls. For example, priority routing to trained responders, or temporary pilot programs with Deaf crisis workers.

4. **Transparency and Accountability** – Ongoing reporting to both the CRTC and the DDBHH community is necessary to ensure progress is measurable and not delayed indefinitely.

Next Steps: Expertise and Collaboration

88. DWCC emphasizes that Canada does not need to "start from scratch" in designing direct ASL and LSQ access for 9-8-8. DWCC brings consultants with significant experience in 9-8-8 call centre operations and has formed a North America–wide 9-8-8 Mental Health Access Working Group (988 Direct Access Working Group - *988DAWG*). This initiative brings together experts from Canada and the United States to exchange knowledge, technologies, and training practices for Deaf crisis counsellors.

89. By leveraging established Deaf-led training models, Canada can accelerate the implementation of direct access and ensure that 9-8-8 services are culturally and linguistically appropriate. DWCC stands ready to contribute this expertise to support CAMH and the CRTC in achieving these outcomes.

Closing Position

90. DWCC remains committed to collaborating with CAMH on the design and delivery of an accessible 9-8-8 service. Members of our team encourage CAMH to move

beyond expressions of intent and establish a formal, time-bound engagement framework with Deaf-led organizations to ensure that ASL and LSQ direct support becomes a concrete feature of Canada's suicide prevention system.

Recommendations

91. DWCC respectfully recommends that the Commission direct CAMH to establish a clear and time-bound plan for implementing direct ASL and LSQ access to the 9-8-8 service, in consultation with Deaf-led organizations and subject matter experts. Consideration needs to be made that there is inclusion of Indigenous Deaf leader consultations about the specifics regarding ISL and their cultural needs.

92. This plan must include (i) a separate platform and routing to support direct ASL and LSQ communication, (ii) engagement of Deaf professionals and consultants with expertise in crisis response, and (iii) ongoing public reporting to ensure transparency and accountability. Such measures are essential to ensure that 9-8-8 fulfills its mandate as an equitable and accessible mental health service for all Canadians.

93. DWCC recommends that the Commission require the following to ensure 9-8-8 is accessible, resilient, and equitable for all Canadians, including Deaf, DeafBlind, and Hard of Hearing communities:

    1. **Direct ASL and LSQ video support** – Ensure that 9-8-8 provides direct communication in American Sign Language (ASL) and Langue des signes québécoise (LSQ), not solely through text or third-party relay services.

    2. **Reliable call routing** – Implement call routing based on the caller's actual location to connect individuals to the nearest available crisis responder.

    3. **Confidentiality with safeguards** – Provide 9-1-1 Public Safety Answering Points (PSAPs) with caller location information only when a 9-1-1 intervention is necessary, while maintaining strict confidentiality for all other 9-8-8 calls.

    4. **Avoidable delays should be prevented as much as possible.** One of the strategies recommended by DWCC would be to include, as a safety measure, a protocol for CAMH or the direct video call center to request that an ASL or LSQ interpreter be dispatched onsite when making a 9-1-1 call as a result of a 9-8-8 referral. Communication equity is critical in saving lives.

5. **Resilient infrastructure** – Build and maintain a robust infrastructure that mitigates the risk of nationwide outages, ensuring uninterrupted 9-8-8 access across Canada.

6. **Ongoing consultation** – Establish a structured consultation mechanism with Deaf, DeafBlind, and Hard of Hearing organizations to monitor implementation, resolve barriers, and ensure functional equivalence.

Conclusion

94. In closing, DWCC reiterates that the success of 9-8-8 depends on its accessibility for all Canadians, including Deaf, DeafBlind, and Hard of Hearing individuals. CAMH's response to the Commission's questions provides important insights, but it falls short in addressing the systemic barriers that prevent equitable access for those who communicate in ASL and LSQ.

95. We respectfully submit that the Commission must ensure that 9-8-8 is supported by:
    1. reliable call routing based on caller location,
    2. clear protocols for sharing caller information with 9-1-1 when necessary, while maintaining confidentiality otherwise, and
    3. a resilient infrastructure that guarantees uninterrupted access nationwide.
    4. Most critically, the service must provide direct ASL and LSQ video support to meet Canada's accessibility obligations under the Accessible Canada Act and the Telecommunications Act.

96. DWCC remains committed to working collaboratively with the Commission, CAMH, and other stakeholders to ensure that 9-8-8 is implemented in a manner that is inclusive, equitable, and functionally equivalent for all Canadians.

Respectfully submitted,

Jeffrey Beatty, Chairperson

Lisa Anderson, 9-8-8 Access Project Director

Rachel Filion, Psy.D., Psychologist

Eileen E. Marshall, Mental Health Advocate

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